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AUTHOR	Sugland, Barbara W.; Wilder, Kathleen J.; Chandra, Anita
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ABSTRACT

Findings in this report summarize the first phase of a larger, multi-year study that is combining qualitative and quantitative methods to outline a conceptual framework to guide future demographic/fertility research, pregnancy prevention programs and policies. Twelve focus groups--involving a multiculturally representative group of male and female adolescents (N=106)--were held in two cities so as to learn about teens' views on adolescent childbearing and to develop possible pregnancy prevention programs and policies. Participants were encouraged to discuss openly their opinions about three topics: teen sexual activity, pregnancy, and contraceptive behavior. Topics discussed are: (1) teen culture regarding sex; (2) reasons teens have sex; (3) reasons teens do not have sex; (4) the influence of relationships on sexual behavior; (5) decision-making concerning sex; (6) the consequences of sex; (7) acceptance of teen pregnancy; (8) sexual partners' communication about pregnancy; (9) contraceptive methods; (10) reasons teens choose to use or not to use contraceptives; (11) private versus public school context; (12) adolescents' suggestions about how to motivate teens to prevent pregnancy and delay first sexual intercourse; and (13) social policies for preventing teen pregnancy. (EMK)

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Sex, Pregnancy and Contraception: A Report of Focus Group Discussions With Adolescents

Barbara W. Sugland, Kathleen J. Wilder and Anita Chandra

Child Trends, Inc.
4301 Connecticut Ave., N.W., Suite 100
Washington, D.C. 20008

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PREFACE

In 1995 Child Trends received funding from the Office of Population Affairs to understand better adolescents' motivation to prevent pregnancy. This study combines qualitative and quantitative methods to outline a conceptual framework to guide future demographic/fertility research, pregnancy prevention programs and policies. Focus group discussions, which are summarized in this report, constitute Phase I of this larger initiative. Phase II (Concept Mapping Groups) was completed in December, 1996 and Phase III (Pilot Survey) is currently in the development stage. Summary reports of activities undertaken in these two phases of the project are forthcoming.

This study was proposed after a long and thoughtful review of existing research and evaluation studies, discussions with youth service providers, and our own work in the field of pregnancy prevention programs and empirical research in area of adolescent fertility.

This review process indicated that despite several decades of research and program interventions, no comprehensive framework of adolescent motivation is available to guide empirical research, prevention programs or policy development. In addition, most of what is known is based on data that are out of date, and data that do not represent the experiences or contexts of contemporary American youth, particularly disadvantaged youth and youth of color. Furthermore, with few exceptions, research generally overlooks or excludes the perspectives of youth, including their reflections about what contributes to adolescent sexual and contraceptive behavior, as well as their suggestions for pregnancy prevention strategies.

Our study seeks to address these limitations in the following ways:

- Input from youth regarding adolescent sex and contraceptive behavior is gathered first via focus group discussions and the concept mapping process;
- Teen perspectives are used to modify and augment existing theories of adolescent pregnancy risk-taking to develop a preliminary conceptual framework of motivation to prevent pregnancy;
- The conceptual framework is tested via a pilot survey fielded among a heterogenous sample of contemporary youth;
- Survey items and construct modules showing the greatest empirical and psychometric promise will be made available for use in demographic and fertility surveys to augment our understanding of adolescent sexual and contraceptive behavior.

Findings presented in this report summarize focus group discussions only -- the first phase of this larger, multi-year initiative. While focus group discussions offer numerous suggestions for future research, program and policies, they were not designed nor intended as a "stand alone" research project. Thus, findings should not be generalized to the larger teen population. Rather, information presented here should be viewed as vehicle for guiding the development of a broad conceptualization of adolescent motivation to prevent pregnancy.

Barbara W. Sugland, M.P.H., Sc.D.
Senior Research Associate & Principal Investigator
Child Trends, Inc.

EXECUTIVE SUMMARY

African-American, European-American and Mexican-American adolescents (N=106) were recruited for a series of twelve focus groups exploring adolescents' views about sex, pregnancy and contraception. Group discussions were also used to gather input from teens regarding strategies for preventing teenage childbearing and delaying the onset of first sex. African-American and European-American groups were conducted in Baltimore, Maryland; Mexican-American teens were recruited from Houston, Texas.

Participants were encouraged to discuss openly their opinions about three topics -- teen sexual activity, pregnancy and contraceptive behavior. Group discussions centered on the following questions:

- What teens they know think about (each topic)? How common, acceptable, normative is (topic), and reasons for engaging/not engaging in (each topic)?
- How do teens come to decisions about (topic)? Do teens tend to make a conscious decision about (topic)? Under what circumstances (e.g., types of relationships) are explicit/tacit decisions made?
- How do male and female adolescents, male/female partners relate to and communicate with one another about (topic)?

In addition, participants were asked to: a) offer suggestions about what teens would need to have in their lives in order to prevent unintended pregnancies and to delay initiation of sex, and; b) react to the use of welfare reform and child support enforcement as strategies for reducing unintended pregnancies among teens.

Participant Characteristics

Focus groups were conducted among 106 youth participants -- 34 European-American, 35 African-American and 37 Mexican-American teens. There were roughly equal numbers of males and females across each racial/ethnic subgroup. The majority of participants were currently in high school (primarily grades 11 and 12), were on average 17 years of age, were unmarried and had no children of their own. Only a small proportion (6%) reported being parents, and among those, all were female and non-white (primarily African-American).

The majority of participants (68%) reported living in two parent households, although about one fifth (21%) of participants came from a single parent household, typically female-headed. A greater proportion of African-American youth were from single-parent families (40%) than either European-American (12%) or Mexican-American (11%) youth.

Participants were also selected from across the spectrum of socio-economic status, coming from very low (16%), low-income (39%) as well as more moderate income (45%) communities[1]. We acknowledge, however, that substantially fewer European-American participants were from very low and

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[1] Percent poverty at the Census-tract level was used to define community-level SES. Participants' Census tract was determined the teen's residential zipcode gathered during the initial screening and recruitment process. SES categories are defined as: Moderate/High SES Census tract = < 20% poverty; low SES Census-tract = 20% to 39% poverty; very low SES Census -tract = 40%+ poverty.

low-income neighborhoods (27%) compared with African- or Mexican-American participants (83% and 54% respectively). Racial differences in community SES may have also contributed to race differences in other background characteristics, with a higher proportion of African- and Mexican-American youth reporting lower parental education, greater parental unemployment and part-time employment than white youth.

It should be noted that groups were stratified by race/ethnicity and gender only. Thus, we are unable to draw inferences about group perspectives that may differ by other characteristics, such as socio-economic status. Any race/ethnicity differences noted, therefore, should be interpreted with caution as such differences may be due, in part, to differences by social class.

Adolescents' Views About Sex

Teen Culture Regarding Sex

Participants stated that having sex as a teenager is acceptable among their respective peer groups, even among those teens who may not be sexually active themselves. Teens reported that teens think about sex most of the time, that sex and the notion of sex is pervasive and a part of nearly everything that involves teens' lives.

While sexual activity among teens was described as common, views differed as to the frequency with which teen sex occurs among their respective peer groups. African-American teens perceived more frequent sex among their peers than European- and Mexican-American teens. However, participants across all groups agreed that there was probably some over-reporting of sexual activity, due to peer pressure to engage in sex.

Participants also noted there was a double standard among their peers with respect to acceptance and appropriateness of sexual activity among males versus females. Specifically, participants, male and female, reported that males who are not currently having sex, especially virgins, are taunted and teased. On the other hand, female adolescents who choose not to have sex are rarely derided or mistreated. In contrast, promiscuous males often earn an admirable reputation by their male peers, while females who behave similarly are labeled negatively or stigmatized.

Reasons Teens Have Sex

Three primary reasons teen participants reported that teens they know have sex include: 1) pressure from peers or from the potential sex partner/boyfriend/girlfriend; 2) to obtain or maintain a relationship or status; 3) curiosity about how sex feels and physical pleasure.

With regard to peer pressure to engage in sex, females, particularly Mexican- and African-American females, noted that their male peers often exerted subtle pressure on females to have sex. In contrast, male participants did not mention pressure from females as a reason that their peers have sex, although peer pressure from other males to have sex was cited frequently. Participants also agreed that peer pressure, particularly between males, was difficult to withstand because of the importance of gaining, maintaining status and respect among their male peers.

Participants reported teens, particularly female adolescents, often have sex to secure and/or maintain a relationship, or to fill an emotional void in their life. Female participants reported that their peers look to sexual relationships as a way to show their love for a male with whom they would like to have a more steady relationship. White and Mexican-American males indicated that their peers have sex to strengthen the

emotional bond with their girlfriends, albeit to a lesser extent than females. Teens reported that many of their peers lack consistent and positive interaction with adults, including their parents. Thus, some teens seek sexual relationships to establish an emotional bond or to get affection from someone.

Among African-American youth, sex was seen also as part of a mutual exchange, or a means of gaining or maintaining control in relationships. That is, sex is used as part of a tacit agreement for money or items one might need, with usually the male providing the compensation in exchange for sex from the female. If either party fails to uphold their end of the bargain (e.g., provide sex , monetary compensation) sex does not take place.

Mexican- and European-American participants also noted that teens they know sometimes have sex when they are drunk or high on drugs.

Reasons Teens Do Not Have Sex

Participants offered fewer reasons why teens choose *not* to have sex. However, teens primarily listed fear of pregnancy or fear of contracting a sexually transmitted infection as reasons to avoid sex. The relative importance of each varied across groups, however. For instance, white teens, particularly white males, felt the risk of pregnancy was the most compelling reason why their peers, who are abstinent, choose not to have sex. White adolescents expressed concern that an unplanned pregnancy would have a negative effect on their education and career opportunities, and would damage their relationships with their parents.

In contrast, African- and Mexican-American teens focused more on the risk of disease, particularly HIV and AIDS, as a reason why some of their peers decide not to become or stay sexually active.

In addition, all groups noted that religious, personal or family beliefs and values often influence teens' decisions not to have sex. Non-white teens also reported that some teens they know do not have sex because they are focusing on other things, such as school, sports or a job. This often leaves little time for sex and romantic relationships.

The Influence of Relationships on Sexual Behavior

Participants described a series of fairly complex interpersonal relationships, each of which included sexual activity occurring at some point during the course of the relationship. Types of relationships ranged from the more traditional (steady), monogamous relationship, to fairly casual relationships with multiple sexual partners. All groups acknowledged that traditional romantic relationships occur among their respective peer groups. However, whether such relationships were considered most common differed across race/ethnicity. Traditional relationships were reported as commonplace among White teens and reported less common among African-Americans. Mexican-American teens perceived relationships among their peers to be in transition, moving from the more traditional to more casual unions.

According to white teens, participants agreed that sex within traditional relationships usually takes place after the relationship is well established. However, transition to first sex is often an important, anticipated "next step" in such friendships. White teens acknowledged that sex among their peers also occurs in more casual relationships, albeit to a lesser degree. However, such encounters usually happen when teens have been partying and using alcohol or drugs.

In contrast, African-American participants reported three types of sexual relationships: a) the traditional, steady relationship, although monogamous sex is *not* presumed; b) sex between individuals who know on another, but have no desire for a long-term, steady union, and; c) casual sex between individuals

who barely know one another. African-American teens believed the main reason why monogamous unions tend not to be common among their peers is because of a lack of trust between males and females. Distrust was common due to negative past interpersonal experiences (personal and those of others).

Decision-Making Concerning Sex

Participants acknowledged that teens generally make a conscious decision to have sex. That is, they make a general decision that they are ready or interested in having sex. However, the specific sexual encounter itself is typically unplanned. The exceptions include: 1) girls who want to lose their virginity who may consciously decide to initiate sex, and even identify a particular male with whom they wish to have sex for the first time, and; 2) teens in a steady relationship who discuss having sex and decide that having sex is the next step in their relationship.

Adolescents' Views About Pregnancy

The Consequences of Sex

Participants reported that teens are well aware that pregnancy, AIDS and other sexually transmitted diseases are possible consequences of having sex. They also reported possible disruptions of future plans, and increased financial and emotional responsibilities should an unintended pregnancy occur and be carried to term.

Despite understanding such consequences of sexual activity, participants said that teens tend not to think about such risks when they engage in sex, believing themselves to be invulnerable to pregnancy and STDs. However, not all participants perceived the same lack of vulnerability to pregnancy and STDs.

For instance, white teens report that if their peers worry about any consequence of sex it is pregnancy, not sexually transmitted diseases, although white teens believed that their peers did not believe pregnancy could happen to them until someone they know gets pregnant.

Conversely, African- and Mexican- Americans reported more concern about STDs, particularly HIV, and particularly among males. Black females felt some of their female peers tend to doubt their ability to become pregnant and, thus, tend not to think about pregnancy. Black females report their peers often question their ability to become pregnant, in particular, that some of their peers have tried to become pregnant unsuccessfully, or they had unprotected sex and avoided pregnancy. They also commented that often their male sexual partners tell them they are sterile and cannot get them pregnant, or that a health care provider has indicated they were not able to get pregnant.

Mexican-Americans state that their peers believe they are invulnerable to both pregnancy and diseases. However, if pregnancy is considered as a consequence of sex prior to intercourse, the teens are usually in a long-term relationship, and females think about it more than males.

Participants believed that males and females shared different concerns about the consequences of sex. Females reported worrying more about the effect on future plans, while males worried most about financial responsibilities that could result from an unplanned pregnancy.

Reasons to Avoid Pregnancy versus Reasons to Become Pregnant

In general, participants felt that adolescents do not wish to become pregnant or to get someone pregnant. In fact, according to participants, a primary reason for avoiding pregnancy was the negative

impact a pregnancy could have on one's plans for the future. This was reported across all groups, irrespective of gender or race/ethnicity. Group members also noted that most teens were unprepared for the financial and emotional responsibilities of caring for a child that could result from an unintended pregnancy.

White teens were particularly concerned that an unintended pregnancy would ultimately disrupt their future plans, although a few white female participants noted that pregnancy had not kept some of their peers from finishing school or achieving their goals. However, these same females commented that some teens they know tend not to have career goals (e.g., college or graduate school plans) that could be adversely affected by an unplanned pregnancy.

Similarly, Mexican- and African-American females felt that a pregnancy could diminish their ability to reach their goals in a timely manner, but would not ultimately ruin their chances of achieving their future plans. Non-white males expressed concerned about being tied to a girl they may have gotten pregnant and having to bear the financial responsibilities associated with fatherhood.

Reasons why teens may want to get pregnant include a desire to maintain relationships, to obtain or show love from their partner, to get attention or gain status, or to escape family problems.

Male participants stressed that most of their peers do not want to get a female pregnant. Yet a few males commented that some males may want their partner to get pregnant to keep the relationship or to prevent the female from getting involved with another male.

Acceptance of Teen Pregnancy

According to group members, acceptance of teen pregnancy was reflected by how common it is in the participants' immediate environment, particularly how visible it is in their schools. African-American and Mexican-American participants, who reported that teen pregnancy was common in their communities also noted that their peers were accepting of teens who get pregnant. Moreover, white participants who attend larger public schools tended to agree with Black and Hispanic teens regarding how common teen pregnancy was and the level of acceptance of teen pregnancy among their peers.

In contrast, European-American participants who reported they attended private or elite schools, reported teen pregnancy was uncommon in their community and school environment, and that their peers view teen pregnancy negatively, but would not shun friends who might become pregnant.

Sexual Partners' Communication About Pregnancy

Participants reported that teens involved in sexual relationships rarely communicate with one another about the risk of pregnancy. If discussion about pregnancy does occur, it usually happens after the female suspects a pregnancy. Thus, females tend to initiate the conversation about pregnancy with her male partner. Participants also noted that teens in more steady relationships are more likely to talk about pregnancy, than teens in more casual sexual unions.

Adolescents' Views about Contraception

Contraceptive Methods

According to participants across groups, condoms and oral contraceptives are the forms of contraception most often used by teenagers. Further, teens generally believe contraceptive methods reliably prevent pregnancy and condoms work to prevent sexually transmitted diseases. Participants feel that most

teenagers can obtain contraception either over the counter or from a health care provider. African-American females and Mexican-Americans listed a wider range of contraceptive methods than whites, including Depo Provera and Norplant.

Mexican-Americans reported that withdrawal is the predominant method used by peers, even though many participants believe that contraception is accessible to their peers.

African-Americans, particularly female group members, cited that their peers often had concerns about the safety and effectiveness of prescribed contraceptive methods. Furthermore, negative personal experiences often influenced decisions about whether to use a method and which method to use. However, African-American females felt most of their peers still believe that contraceptive methods usually work well to prevent pregnancy.

Access to Contraceptives

Participants across all groups reported that their peers know where and how to get contraception. Males reported fewer concerns about barriers to contraceptive access than females. Females rely more heavily on health care providers for access to contraceptives, and note that hormonal methods can be expensive. Clinics are generally preferred by teens compared to private doctors because of confidentiality issues. Among non-white participants, the fact that contraceptives are available at low or no cost at clinics increases the likelihood of using clinics as a source of contraceptive care.

With respect to when teens first received information about birth control, most report that contraceptive information was received in middle school. Members in the African-American and Caucasian male groups, who had attended both public and private schools, noted that public schools started sex education earlier. However, males and Caucasian females stated that their peers also received information from friends and siblings, although white females believe doctors, parents and clinics are a more reliable source of information. Mexican-Americans and African-American males also reported that contraceptive information was obtained from television commercials or situation comedies.

Reasons Teens Choose to Use or Not to Use Contraception

Participants said that their peers who use contraception do so primarily to prevent pregnancy and/or to protect themselves from sexually transmitted diseases, particularly AIDS. However, not all groups cited that both of these were primary reasons for using birth control. For instance, African-American male participants reported greater use of contraceptives to protect against disease. European-American youth believed their peers were most concerned about protection against pregnancy.

Despite the motives for using contraception, participants noted that even those who usually use a method will have sex without contraception, in order to seize the opportunity to have sex. Furthermore, consistent contraceptive use, even among peers who use contraception, is believed to be rare. Males, irrespective of race/ethnicity, revealed that many males will not turn down an opportunity to have sex simply because a condom is not available. African-American and Mexican-American participants agreed that teens they know say condoms do not feel good, some teens want to get pregnant or do not believe they are able to get pregnant, and thus are willing to chance an unprotected sexual encounter.

Unprotected sex was viewed as less common according to Caucasian teens. However, White participants acknowledge that inconsistent contraceptive use among their peers is occasionally related to limited access to methods, but more often associated with drug and alcohol use.

Mexican-American females also reported that often their female peers are too shy to ask males to wear a condom. Furthermore, if they do ask, males are not likely to wear them. Also, Mexican-American group members noted that teens they know use contraception in the early stages of a relationship and diminish use as the relationship progresses, especially if the partners think they will remain together.

Sexual Partners' Communication About Contraception

Teens report that their peers do not discuss contraception with their sexual partners. Group members indicated that how teens relate to one another about contraception is dependent upon the type of relationship the two teens have.

Caucasian participants said teens assume contraception will be used, eliminating the need for discussion. However, if contraception is discussed, teens usually do so before they have sex. African-American and Mexican-American participants commented that unless females initiate the conversation, contraception is rarely discussed at all.

Additional Findings

In addition to the issues directly related to sex, pregnancy and contraception listed above, a few other themes surfaced throughout the group discussions:

The Influence of Relationships on Sexual Behavior

Participants across groups gave examples of two general contexts in which sex occurs between teens: traditional (monogamous) relationships and casual relationships. The definitions of these relationships varied slightly across groups, as previously mentioned. However, the context of these relationships was key for whether and when sex would occur, and whether and when discussions about the risk of sex and using contraception occurred.

Private versus Public School Context

During the course of the focus groups, some distinctions between the type of school environment also emerged. Teens perceived that the "public vs private school" context was different and such contexts altered whether teens were exposed to sex and teen pregnancy, and whether teen pregnancy was deemed acceptable or supported, and whether teens were encouraged to prepare for activities beyond high school that may discourage pregnancy risk-taking.

Participants perceived private school attendees were more likely to have sex in traditional, steady relationships than their public school peers. Teens felt that private schools attached more stigma to pregnancy than public schools, and even attached more stigma to pregnancy than to STDs. Furthermore, teens attending private school tend not to perceive themselves at risk for STDs, as their sexual partners belong to a more finite peer group, and everyone presumes sex occurs within steady, monogamous relationships. Participants further perceived that while pregnancy within the private school context was relatively uncommon, "pregnancy scares" were thought to be common.

In contrast, public school attendees saw pregnancy as common in their schools, and few believed that an early pregnancy would keep teens from finishing school and fulfilling their life plans. In contrast, teens attending private school felt that pregnancy would adversely affect one's long-term goals beyond school, and that peers were most concerned with the impact a pregnancy would have on their goals and quality of life.

Adolescents' Suggestions About How to Motivate Teens to Prevent Pregnancy and Delay First Sexual Intercourse

During the final segment of the focus groups, teens were asked to brainstorm and discuss strategies that would effectively help teens delay the onset of first intercourse and prevent unintended pregnancies. In addition, young women were asked to comment on welfare reform strategies and males were asked to discuss child support enforcement plans.

Strategies to Encourage Teens to Prevent Unplanned Pregnancies and/or Delay First Sexual Intercourse

Participants were asked to brainstorm a list of strategies or interventions that they believed would encourage teens to prevent unplanned pregnancies or delay the initiation of sex. The lists generated ideas that fall into five basic categories of teens' lives: self, family, home and neighborhood environments, contraceptive and sexuality education and larger society.

Self-Individual Characteristics

African-Americans suggested most strongly that teens needed to change themselves, listing self-respect and self-discipline as methods to prevent unwanted pregnancy. Caucasian females included self-confidence and self-esteem on their list of things teens would need to encourage their peers to delay having sex.

Both African-American and Caucasian males felt that the ability to control one's sex urges was an important factor in reducing unwanted pregnancies.

Family Characteristics

A strong relationship with parents and a sense of family support are considered essential factors in reducing unwanted pregnancies and delaying the onset of sex. Participants expressed the need for parents and other adults to fill a variety of different roles: to educate them about morals, values and religion, to reduce their exposure to sexual behavior early in life, to be positive role models and to help them set future goals. African-American males noted that a more stable home life was needed. Mexican-American females felt that parents and other adults should emphasize the special nature of sexual relationships.

Neighborhood Environment

The community and school context play an important role in influencing teens' sexual behavior, suggesting that teen sex and pregnancy are reinforced by the obvious existence of both in teenagers' local communities. Caucasian males discussed the need to change the community environment, particularly as prevalent drug and alcohol use and promiscuous behavior subvert any concerns teens might have about the consequences of their sexual behavior.

Sexuality and Contraceptive Education

Group members listed a variety of issues related to sexuality education as things teenagers would need in their lives to prevent pregnancy or delay sex. They felt teens needed better sex education emphasizing the consequences of teen sex and pregnancy, what is involved in parenting, educational and career options, and the cost of pregnancy.

Participants also felt teens would learn more from actual experience. Mexican-American and

African-American females suggested babysitting or spending time with friends who have babies while Caucasian males suggested using as "negative" models teens who have had an unwanted pregnancy to help teens understand consequences from a teen perspective. Also, because teens are influenced by adult behavior, participants need to see adult role models who avoid unwanted pregnancy and are engaged in productive activities.

Society at Large

Participants felt society could do more to encourage teens to delay first intercourse and prevent unwanted pregnancy. To reduce pregnancy, participants felt teens need unrestricted access to birth control, especially condoms. African-American teens commented their peers need job training and opportunities as well as a range of activities to positively occupy their time.

To delay sexual intercourse, teens felt that society and the media should not portray sex in ways that pressure teens to have sex. All groups suggested more teen activities would help reduce the transition to sex and Caucasian males suggested supplying jobs for teens. Caucasian group participants warned that the use of "scare tactics" would not delay first intercourse.

Social Policies for Preventing Teen Pregnancy

Females' Opinions About Welfare Reform

Females were asked to comment on how they think welfare reform would work to reduce teen pregnancies. No groups believed that making it harder for teens to get welfare or limiting how long a person can get welfare would influence teen pregnancies. African-Americans contended that teens they know do not get pregnant to receive support. Mexican-Americans felt that, culturally, their peers consider welfare shameful. Caucasians believe their peers do not know enough about welfare for it to influence their behavior. Caucasians did think that limiting the number of additional children supported my reduce subsequent childbearing.

Males' Opinions About Child Support Enforcement Plans

In this section males were asked whether or not they thought that requiring younger men to pay child support and increasing efforts to make sure fathers pay child support would discourage young males from getting their sexual partners pregnant. Like their female counterparts, males did not believe that strict child support enforcement would influence teens' getting young women pregnant, albeit for different reasons.

Caucasian males pointed out that their male peers will find ways around the law or their parents will pay. African-American males said they did not think stricter child support laws will make their peers think about preventing pregnancy, citing that if teens had no money to pay there will be no money to get. Although cultural norms in the Hispanic community instruct males to support their children, Mexican-American participants did not believe stricter child support laws would be enforceable.

Summary of Key Findings

Findings from focus group discussions indicate five key points that are particularly relevant for future research and programs in the area of pregnancy prevention. The first key issue is that sex, according to youth participants, is viewed as generally normative among their contemporary peers. Furthermore, teens see sex and sexuality as an integral part of teens' daily lives, as sex and the notion of sex, is reported by teens to be just about everywhere and part of nearly everything that involves teen life.

In addition, participants acknowledged that teens generally make a conscious decision to have sex. That is, they make a decision (explicit or otherwise) that they are ready or interested in having sex. However, the specific sexual encounter itself is typically unplanned. The exceptions generally include females who decide to lose their virginity and who consciously decide when they are going to have sex, or teens in a steady relationship who jointly decide to have sex and when that encounter will occur.

The second key point from focus group discussions is that peer pressure and the nature of interpersonal relationships, both with adults and with peers (and sexual partners), appear to have a strong influence on whether or not teens engage in sex and when sex occurs; whether they use contraception, or discuss the risks of having unprotected sex. For instance, female participants, particularly Mexican- and African-American females, cited their peers often experienced subtle pressure from male partners to have sex. In contrast, male participants cited it was common to experience peer pressure from other males to have sex. Furthermore, teens also agreed that peer pressure, particularly between males, was difficult to withstand because of the importance of gaining and maintaining status and respect among their male peers.

Youth participants also felt that many teens lack consistent and positive interaction with adults, including their parents. Thus, some teens, particularly female adolescents, use sexual relationships as a way to have an emotional bond or to get affection. Other teens seek sexual relationships as a means to gain or maintain control in a relationship.

The kind of relationships described by teens ranged from the more traditional (steady), monogamous relationship, to fairly casual relationships with multiple sexual partners, each having a unique influence on the transition to sex and the likelihood of unprotected sex. All groups acknowledged that traditional romantic relationships occur among their respective peer groups. However, traditional relationships were reported as more commonplace among White teens and reported less common among African-Americans. Mexican-American teens perceived relationships among their peers to be in transition, moving from the more traditional to more casual unions.

Among steady relationships described by white participants, sex generally occurs after the relationship is well established, and the transition to first sex is often seen as important, anticipated "next step" in such friendships. In contrast, African-American participants discussed three types of sexual relationships: a) the steady relationship where monogamy is *not* presumed; b) casual sex between individuals who know one another, but who have no desire for a steady union, and; c) casual sex between individuals who barely know one another. African-American teens believed the main reason why monogamous unions tend to be less common is because of a lack of trust between males and females due to negative past interpersonal experiences and the experiences of their friends and family members. However, black teens agree that monogamous relationships are "as it should it", but that in contemporary times it is difficult to establish such relationships.

Group participants also reported that teens in steady, monogamous relationships tend to discuss whether or not they plan to have sex, prior to having intercourse, as well as the risks of unprotected sex and the use of contraception. Participants report that teens in more casual unions tend not to talk about these issues until after intercourse has occurred, or until after the female believes she my be pregnant. Among casual unions, discussions about contraception tend to center around whether either one or the other partner is using some type of birth control.

Third, despite understanding the consequences of sexual activity, and having a strong desire to avoid pregnancy, participants believe that teens tend not to think about such risks when they engage in sex, believing themselves to be invulnerable to pregnancy and STDs. White teens perceived themselves more susceptible to pregnancy than STDs/HIV than non-white teens. In contrast, African- and Mexican- Americans reported

more concern about STDs, particularly HIV, than pregnancy. In addition, black females perceived that some of their peers tend to doubt their ability to become pregnant, as some have tried to become pregnant unsuccessfully, or have had unprotected sex and avoided pregnancy. Black females also commented that their male sexual partners have told them they were sterile and could not get them pregnant, or that a health care provider indicated they were not able to get pregnant.

The fourth point has to do with the lack of consistent contraceptive use among teens. Specifically, teens generally believe contraception is effective against pregnancy and STDs, and that teens generally know where to get contraception and have relatively little difficulty obtaining a method. However, despite believing in the efficacy of birth control and having relatively easy access to methods, participants noted few teens will turn down an opportunity to have sex simply because someone is unprotected. Furthermore, participants noted that teens often *assume* contraception will be used or is being used by their partner, eliminating the likelihood of discussions about contraception. Such assumptions are less common among teens in steady relationships as partners not only discuss issues of contraception, but tend to be more certain about whether their partner is protected (using the pill) or more willing to use a condom.

Furthermore, if contraception is discussed, teens noted that females tend to initiate the conversation, although some teens (Mexican American females) noted that their peers are often too shy to ask their male partner to wear a condom fearing this may suggest a lack of trust in the partner or an admission of promiscuous behavior.

The final key point is that teens provided several suggestions about how to help motivate teens to prevent pregnancy. The list of suggestions included the need for teens to focus on individual responsibility, the need for family support, stronger and more positive neighborhoods/community environments, broader contraceptive and sexuality education, and involvement of society at large.

Participants acknowledged that much of the risk of pregnancy was due to the fact that teens have sex without contraception, and are willing to take the risk of an unplanned pregnancy in order to simply have sex. Teens focused on the need for self-respect and self-discipline in order to make tough decisions and follow through with them in the face of peer pressure and other emotional and interpersonal challenges.

Group discussions also illustrated teens' desire for strong relationships with parents and a sense of family support. In particular, participants expressed the need for parents and other adults to fill a variety of different roles, from providing values and morals, to bing positive role models and to helping them set future goals.

Teens also saw the community and school context as having an important role in teens' sexual behavior, suggesting that teen sex and pregnancy tend to be initiated and reinforced by activities occurring in the teenagers local community.

Group members also listed a variety of issues related to sexuality education as things teenagers would need in their lives to prevent pregnancy. Specifically, better sex education emphasizing the consequences of teen sex and pregnancy, what is involved in parenting as well as the financial and emotional cost of pregnancy, and exposure to educational and career options, Such information should be provided early, even at or before middle school.

Finally, teens felt society could do more to encourage teens to delay sex and prevent pregnancy. In particular, group participants felt teens need unrestricted access to birth control, especially condoms. Teens also commented their peers need job training and opportunities as well as a range of activities to positively occupy their time. To delay sexual intercourse, teens felt that society and the media should not portray sex

in unrealistic and glamorous ways that often pressure or lure teens into have sex.

Implications for Future Research and Programs

Key findings from discussions with youth have several important implications for future research and pregnancy prevention programs. In particular, these data underscore the need for a better understanding of how interpersonal relationships and what aspects of those relationships influence teens' propensity to engage or to avoid in sex and unprotected sex. Specifically, group discussions indicate that teens perceive there is a lack of positive involvement and connections with adults, particularly parents, and that many teens use sex and sexual relationships as a substitute for the emotional attachments with adults. Many existing studies confirm that positive involvement and strong family ties do indeed work to delay the onset of sex and the use of contraception if a teen decides to have sex[2]. However, future studies may need to examine what it is about those relationships that are most critical (e.g., improving self-esteem or self-worth, establishing values and morals) for diminishing early and unprotected sex during adolescence. Thus, expanding research on family strengths, family processes, and how interpersonal relationships change during the course of child and adolescent development will be critical.

Furthermore, these findings speak to the need for prevention efforts to expand their focus on parents and adults and to develop strategies that support families and strengthen positive adult-teen relationships. Thus, community-based programs or programs that seek to improve teens' relationships with caring adults (e.g., mentoring programs) may consider expanding their focus to working with adults and parents to help them understand the role of key adults in teens' lives, and to develop strategies that will improve how adults interact with adolescents on a daily basis.

Also relevant for research and programs are the race/ethnicity and possibly class differences that emerged from group discussions. Issues of interpersonal relationships, particularly monogamy and trust, were viewed differently by white teens compared with African-American and Mexican-American teens. We acknowledge that recruitment methods for teen discussions failed to yield an equal representation of youth across social class for each of the three race/etnnic subgroups recruited. Thus, what appears to be strong race/ethnicity differences in the type of sexual relationships that occur and how they influence sexual behavior, may indeed reflect differences in social class. However, we suspect that class differences, if they do exist, may be more likely when comparing group discussions of white teens relative to non-whites, and less likely when comparing findings from African-Americans and Mexican-Americans, as teens from the latter two groups were primarily low-income.

Nonetheless, whether such differences are a result of culture or social class status, group discussions point to the need to expand our understanding of how the nature of interpersonal relationships (particularly, male-female relations), and notions of sexuality and sex roles are influenced by the context of culture and socio-economics. Again, whether due to class or cultural differences, African-American and Mexican-American teens painted a strikingly different picture of the context of sexual relationships and risk-taking behavior from white teens. Specifically, white teens reported more steady, monogamous relationships with sex generally occurring after the relationship was established. In contrast, African-American teens reported steady relationships, but without monogamy, and other more casual sexual relations. In each type of relationship there was less of an emphasis on sex after such relationships were established. Rather, many, particularly casual relationships were formed often because there was an interest in having sex. These types of relationships appeared to form because previous negative emotional experiences made it difficult for black teens to trust their sexual partners. Furthermore, black teens acknowledge that monogamy was most desirable,

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[2]Moore, K.A., Miller, B.C., Glei, D. and Morrison, D.R. (1995). *"Adolescent Sex, Contraception, and Childbearing: A Review of Recent Research.* Washington, DC: Child Trends, Inc.

but difficult to achieve in contemporary times.

Mexican-American teens, on the other hand, reported that the nature of relationships among their peers seemed to be in transition, moving from more steady, monogamous relations to more casual relations. Latino teens also commented on the issue of trust, albeit to a lesser extent than black teens, particularly in the context of discussing the risks of having sex and whether or not one's partner was using contraception, particularly condoms. Mexican-American youth noted that such discussions could appear to cast aspersions about the promiscuity of their partner, and thus many Latino youth, particularly females, were reluctant to bring up such topics with their partners.

Race/ethnicity and/or class differences in our study suggest that future research must begin to tease apart the influence of class and culture on teen sexual behavior, and understand better the differences in values and mores about sex, sexuality and interpersonal relationships across culture and social class. Of particular importance would be when and how notions about sexuality are established within various class and cultural subgroups; by whom and for whom are they established?; what are the key notions about sex, sexuality and sex roles, and in what way are these notions different for males versus females across racial/ethnic and social class subgroups?

Programs must address the need for a dialogue with low-income communities and communities of color to explore openly what their values and mores are about sex, what their hopes and aspirations are for their children and whether these two values are in conflict with one another. In addition, communities must begin to address whether such messages about sexuality and aspirations are consistently presented to young people in their community, and in what way can the content and the strategies for presenting and reinforcing those messages be improved?

Finally, focus group findings also indicate the need for exploring whether sexual and contraceptive behavior among teens is rational or irrational. Specifically, teen participants reported that their peers are well aware of the risks of unprotected sex, and believe in the efficacy of contraception. However, they generally do not perceive themselves to be vulnerable to pregnancy or STDs, even if they are having unprotected sex. It will be critical for future studies to examine whether this kind of sexual risk-taking is simply a feature of adolescence, where there is an overwhelming sense that "nothing bad can happen", or whether teens simply have an inaccurate sense of their risk of pregnancy and STDs. The challenge for programs will be how to get teens to understand not only the consequences of their actions, but that such consequences could indeed happen to them. This indeed has been the challenge of many community interventions targeting other high risk behavior among youth, such as smoking and using drugs. Perhaps future empirical work can begin to shed light on this notion of invulnerability among adolescence and adults and offer insights to practitioners seeking to develop community-based interventions with youth.

Focus group discussions indicate that the factors influencing teen sexual behavior are indeed complex, and that teens are well aware of this complexity. Furthermore, teens offer a range of suggestions that address the need for change at many levels including the individual, family/school/community, and larger society. The challenge that lies ahead for researchers, providers and policy makers, is understanding whether and how comprehensive initiatives make a difference in the sexual and fertility behavior of teens, and how best to implement and evaluate those programs. The next generation of research and teen pregnancy prevention programs must be willing to go beneath the surface to understand the underlying factors and motives of teen behavior, and be willing to ask the difficult questions about race/ethnicity and social class, about the nature of adult values and sexual mores, how such values are passed on to our children, and what impact those mores may have on the sexual health and well-being of adolescents.

Sex, Pregnancy and Contraception:
A Report of Focus Group Discussions With Adolescents

Barbara W. Sugland, Kathleen J. Wilder and Anita Chandra

Child Trends, Inc.

Introduction

Early and unintended childbearing among adolescents remains an important concern in the United States, and is often the source of public discord and debate. Although researchers, policy makers, and citizens generally agree that fewer births to adolescents are desirable, there is little agreement as to the most appropriate and effective solutions for preventing unintended childbearing among teens. Frequently missing from the scientific and public debate are the voices and experiences of teens themselves. Of particular interest would be: What do teens think about adolescent pregnancy? What factors do they believe have the greatest influence on teen sexual behavior? What strategies would they suggest are most appropriate and have the greatest potential for success for preventing pregnancy among youth?

To learn more about teens' views regarding adolescent childbearing, Child Trends commissioned Princeton Survey Research Associates to conduct twelve (12) focus groups among a heterogenous group of male and female adolescents. Four themes emerged from teens as critical for understanding adolescents' perceptions about this issue: 1) Sexuality is viewed as a normal and integral part of contemporary teen culture; 2) The nature of teens' relationships with adults, peers and siblings all influence teens' attitudes about sex and its consequences; 3) The nature of these same relationships, particularly the nature of romantic and/or sexual relationships, influence teens' likelihood of pregnancy risk-taking, as well as the manner in which teens relate to their peers about sex and risking pregnancy, and; 4) Teens' curiosity about sex is common, but communication between sexual partners about sex, the risks from sex, and whether to use contraception during sex, is rare.

Focus groups were convened in two metropolitan areas -- Baltimore, Maryland and Houston, Texas. A total of 106 African-American (N=35), European-American (N=34), and Mexican-American (N=37) teens, between 16 and 19 years of age, participated. Groups were conducted separately by race/ethnicity and gender.

Purpose and Format of Group Discussions

Purpose

Focus group discussions are the first phase of a larger Child Trends initiative that examines adolescents' motivation to prevent pregnancy. The primary purpose of the focus groups is to inform the development of a broad conceptual framework that can guide empirical research, program and policy development. Focus groups provide a vehicle for: 1) documenting teens' attitudes and opinions about adolescents' having sex/adolescent sexuality, teen pregnancy and contraceptive use, in order to better understand what **teens** think are the factors that affect teens' motivations to prevent pregnancy; 2) gathering teens' input regarding possible strategies for pregnancy prevention programs and policies to offer insights regarding approaches and strategies most acceptable and inviting to adolescents, and; 3) generating feedback from youth regarding the potential impact of two specific policies designed to address adolescent pregnancy -- welfare reform and child support enforcement.

Format

The format of group discussion was designed to address the three topics of adolescent sex, pregnancy and contraception. For a discussion "ice breaker", participants were presented a series of pictures depicting teens from a range of ethnic backgrounds participating in a variety of group activities, such as parties or "hanging out" together. Teens were asked to comment on what these pictures said about teens' lives and whether they reflected the experiences of teens such as themselves. Although the pictures did not overtly present sex, they had the potential of being interpreted as sexually suggestive. Thus, pictures were useful for initiating a discussion about teen sexual behavior and pregnancy.

The issue of adolescent sex was presented first. However, the natural flow of the group discussion in response to the topic of sex was allowed to determine the order for discussing pregnancy and contraception. In all groups, teens' natural discourse on these two issues were in the order of pregnancy and then contraception.

After the ice-breaker teens were asked to respond to three main questions regarding each of the topics of sex, pregnancy and contraception:

- What do teens you know think about (topic)? How common, acceptable, normative is (topic), and reasons for engaging/not engaging in (topic)?

- How do teens come to decisions about (topic)? Do teens tend to make a conscious decision about (topic)? Under what circumstances (e.g., types of relationships) are explicit/tacit decisions made?

- How do male and female adolescents, male/female partners relate to and communicate with one another about (topic)?[2]

After responding to questions pertaining to the three main topics, teens were asked to suggest things that young people would need to have in their lives to encourage them to: 1) prevent unintended pregnancies and; 2) delay having sexual intercourse for the first time.[3] As a part of the discussion to prevent unintended pregnancy, participants were asked to react to the use of welfare reform and child support enforcement as strategies for reducing unintended pregnancies among adolescents. Due to time constraints, females were asked to comment on welfare reform policies and males were asked to consider child support enforcement. Finally, for the purpose of describing group participants, teens were asked to complete a short questionnaire about their individual and household characteristics.

Group Characteristics

Race/ethnicity and age were the primary criteria used to screen and recruit participants. However, efforts were made to include participants with a wide range of personal (e.g., parenting status, school enrollment) and background characteristics (e.g., moderate and low socioeconomic status). Teens presumed to have specific knowledge or training in the area of teen pregnancy prevention, such as peer educators or health education volunteers, were not recruited.

The participant survey contained questions on personal and household characteristics including, family structure, parental education and employment status, teens' own parenting and employment status and

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[2] The moderator's guide outlines specific questions asked and underlying rationale/issues for each question posed. A copy of the guide can be obtained from Child Trends.

[3] In groups conducted between April 24 and May 1, 1996, participants were asked slightly different versions of these questions; the stem of the original question was "what would *have to happen in teens' lives*" which was later changed to "what would *teens need to have in their lives.*"

religious affiliation. It should be noted, however, that as participants are not a random or representative sample of all teens, sample distributions should not be generalized to the larger teen population. However, participant characteristics provide a better understanding of the teens attending focus groups and offer a context for group discussions.

Participant Characteristics

As mentioned, focus groups consisted of 106 youth participants, including 34 European-American, 35 African-American and 37 Mexican-American teens, with roughly equal numbers of males and females across racial/ethnic subgroups. The majority of participants were currently in high school (primarily grades 11 and 12), were on average 17 years of age, lived with two parents, were unmarried and had no children of their own. Only a small proportion (6%) reported being parents, and among those, all were female and non-white (primarily African-American).

The majority of participants (68%) reported living in two parent households, although about one fifth (21%) of participants came from a single parent household, typically female-headed. A greater proportion of African-American youth were from single-parent families (40%) than either European-American (12%) or Mexican-American (11%) youth.

Participants were also selected from across the spectrum of socio-economic status, coming from very low (16%), low-income (39%) as well as more moderate income (45%) communities[4]. We acknowledge, however, that substantially fewer European-American participants were from very low and low-income neighborhoods (27%) compared with African- or Mexican-American participants (83% and 54% respectively). Racial differences in community SES may have also contributed to race differences in other background characteristics, with a higher proportion of African- and Mexican-American youth reporting lower parental education, greater parental unemployment and part-time employment than white youth.

Groups were stratified by race/ethnicity and gender only. Thus, we are unable to draw inferences about group perspectives that may differ by other characteristics, such as socio-economic status. Any race/ethnicity differences noted, therefore, should be interpreted with caution as such differences may be due, in part, to differences by social class.

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[4] Percent poverty at the Census-tract level was used to define community-level SES. Participants' Census tract was determined the teen's residential zipcode gathered during the initial screening and recruitment process. SES categories are defined as: Moderate/High SES Census tract = < 20% poverty; low SES Census-tract = 20% to 39% poverty; very low SES Census -tract = 40%+ poverty.

Adolescents' Views About Teen Sexual Behavior

Teen Culture Regarding Sex

In all of the twelve groups, participants reported knowing teens who are sexually active, and believed sex to be an integral part of contemporary teen life. In fact, participants stated that teens think about sex most of the time, that sex, the notion of sex, is everywhere and a part of nearly everything that involves teens:

> The teens that I know.....think a lot about sex. It is because you see it a lot on TV and you see it just about everywhere. Because it didn't use to be like that. And now I see it [sex] out there a lot more, because like everybody that I know that is younger than me they are all into it [sex].
>
> A lot of people [teens] don't think. I mean they don't think there is anything wrong with it. Like they will just go up and do it with whoever and whoever . . .
>
> They don't even think about it. It is not even a subject of think—they just do it.
>
> Some people are just thinking 'Well hey, it's a part of life.'

While all groups acknowledge knowing sexually active teens, how common teen sex was among their respective peer groups varied across groups. Sex was more frequently reported as common among African- and Mexican-American teens and less frequently reported among their European-American counterparts. Specifically, African-American females related that the majority of teens they know, especially males, are sexually active. One African-American female commented that her peers have sex "like you drink water," suggesting that sex is natural and routine. African-American males seemed to concur, expressing that males they know generally want to have sex:

> Everybody needs [sex] . . . Most people can't live without it.
>
> In this day, in '96 . . . there ain't no guy, I don't think, that don't want to have sex with a female . . .

African-American teens explained that sex among their peers is so common that teens rarely question whether or not teen sex is acceptable. In fact, participants found it difficult to offer explanations for why sex is acceptable among most of their peers, but rather instead explained that, in the context of their lives as African-American teens, it is difficult *not* to engage in sex. African-American males revealed

that their peers believe male teens have little control over their desire to have sex, and that teenagers' desire for sex is a natural phenomenon. Black male participants also noted "the media, their peers and everything around them entice" teens to have sex, suggesting that these elements seem to sanction sexual activity among teens. Mexican-American male group members also shared this opinion.

> I'm saying they [teens] hear about it every day and they get used to hearing it. It's like the same thing as me telling you, 'go kill this person, go kill this person.' You keep on hearing it, you're going to go do it.
>
> Some people probably want to be committed [to not having sex], but it gets harder because of TV, friends, music, everything. It just gets harder and harder.

Across other groups, teen participants said that having sex as a teenager was acceptable among their respective groups of peers, even among those teens who may be not sexually active themselves. What was most important was not whether or not teens were sexually active, but whether teens were practicing safe sex. One Mexican-American participant stated:

> I don't think it [teens having sex] is a big deal . . . Nobody speaks out about it . . . When they do it's not 'Don't do it.' It's, 'Do it safe, now.' There's not so much trying to preach against it. But as far as being safe. . .

While participants described how common sex is among teens, they also disclosed that there is probably some over reporting of sexual activity. For example, across all male groups, males speculated that there are many more males *claiming* they are having sex than there are *actually* having sex. This is perhaps because of peer pressure to be sexually active. Male participants in each group explained that male teens who are not having sex, especially virgins, are taunted and teased about their abstinent behavior by other males, even by older male relatives. The latter point noted primarily by African-American and Mexican-American males. As a result of this treatment, most males who are virgins try to hide it. In contrast, females across groups acknowledged that their female peers who choose not to have sex are not teased about their choice to remain abstinent.

Other gender differences with respect to how one's sexual activity is viewed also emerged. For instance, in at least eight of the 12 groups participants talked about sexually promiscuous teens or "freaks". Although teens generally do not condone the behavior of such teens, participants revealed that adolescent males who are believed to have sex often and with different girls earn an admirable reputation among other male teens, and are labeled "studs". Girls, however, engaging in the same behavior are viewed as "sluts."

Reasons Teens Have Sex

Participants across all groups revealed three basic reasons the teens they know have sex: 1) pressure from peers to be sexually active and/or pressure from the boy or girl they are with to have sex; 2) to obtain or maintain a relationship or status with one's peer group; 3) curiosity about how sex feels and physical pleasure. Mexican-American and African-American females specifically stated that most of the time sex occurred because girls gave in to the subtle pressure by the male to have sex. In contrast, few Caucasian females seemed to think that in their social circles males put such pressure on females for sex. None of the male participants mentioned pressure from females as a reason that their peers have sex. However, Caucasian and Mexican-American males noted peer pressure from other males to engage in sex was common.

Male participants, in particular, revealed that young males have sex to gain the status and respect which is afforded to sexually active males, particularly those who have sex often and with different partners. African-American and Mexican-American males reported male teens they know strive for such status in order to be build a strong reputation among their peers. Caucasian males spoke of the "ego boost" their peers' derived from sexual encounters with several different females. To a lesser degree, male participants also said having sex was a way to express manhood and to feel like an adult.

White and Mexican-American males also indicated that their peers had sex to strengthen bonds with their girlfriends or to maintain a relationship with a girlfriend, or because they truly loved their girlfriends. Males did not view these reasons as the primary reason why adolescent males engage in sex, however. Mexican-American males also felt that some of their male peers may have sex because the want to start a family. Again, this reason was not considered the main reason why Mexican-American male teens have sex.

In contrast, females, irrespective of race/ethnicity, revealed that girls they know tend to have sex to secure or maintain a romantic relationship with a particular male. Females noted that often girls are seeking affection from a male, or are looking to express their love for their male partner, or their love for a particular male with whom they would like to have a more steady relationship.

Despite using sex to secure or maintain relationships, participants, especially African-American and Mexican-American females were somewhat pessimistic about the likelihood of genuine love among teens. Mexican-American females suggested that girls genuinely love boys with whom they have sex, but

that this sincerity is not usually reciprocated: "guys just tell girls what they want to hear—that they will marry them." African-Americans expressed a similar sentiment:

> [Girls say] if you love me you'll wait . . . Nowadays, the word love is like lust. 'I do lust for you but I don't think I love you' . . .
>
> They [boys] claim they love you so that you'll do it . . . [Boys say] 'I did not say that.' You'd be like, 'Yes, you did.' . . .

Participants, males and females, further discussed the reasons why teens may use sex as a means to establish more intimate relationships. In particular, they noted that many teens lacked a consistent, positive interaction (e.g., love, support, attention, active involvement) with adult(s) in their lives. Participants felt this was true for teens growing up in a single parent family (e.g., never married, separated/divorced), as well as for teens living with two parents. Teens also found relatively few other adults to whom they could turn (e.g., teachers, adult neighbors). As a result, some teens try to establish a feeling of being important to someone else through sexual contact.

A final reason why teens have sex emerged from discussions among African-American female participants. In particular, it was noted that sex is often part of a mutual exchange between partners. African-American female teens explained that their female peers will have sex with their male counterparts in exchange for money or items if the male agrees to pay for something she needs. If either party will not fulfill their part of the bargain, the two may decide not to have sex.

> I met this guy, and like two days after I met him he came to see me. He tried to kiss me. And I was like 'I don't know you like this' and [would not kiss him]. When I asked him for $60 to get my hair done, I didn't hear from him no more.

African-American female group members further elaborated on the practice of using sex as a means of gaining or maintaining control in relationships and to protect themselves from being controlled or manipulated by males. One participant had this to say in response to another girl's comments about boys using sex to take advantage of girls:

> My mother always told me, 'Don't let a male do to you what you can do to him.' So like, she said she would never let him [fool around] on her. Why let a man tell you what he can do to you? Do that to him, reverse psychology. Do what you want to him. . .

Some other reasons for having sex were noted, but were mentioned less frequently by participants. Mexican-American teens and Caucasian males said teens they know sometimes have sex because they are

drunk or high at the time. Mexican-American participants also noted that teens they know have sex because the opportunity presents itself or it [sex] provides something for them to do. African-American female participants volunteered that a small number of female teens they know have sex in order to get pregnant, although Black females suggested that having a child was used primarily as a way keep their sexual partner, and was generally not an explicit desire to have a child.

Reasons Teens Do Not Have Sex

Participants offered fewer reasons why teens choose *not* to have sex. Fear of pregnancy or contracting sexually transmitted diseases were mentioned in all discussion groups, although there were differences across groups as to which was the primary reason to avoid sex. Caucasian teens, particularly males, thought the possibility of pregnancy was the most compelling reason among their peers not to have sex. White males placed a strong emphasis on the negative effects on their education, career opportunities and relationships with parents that would be brought on by an unplanned pregnancy.

In contrast, African- and Mexican-American youth spoke of the risk of disease, especially AIDS, and felt this was at least as significant a reason not to have sex as the risk of unintended pregnancy. A teen's religious beliefs and moral values were also mentioned as factors that influence a teen's decision not to have sex among black and Latino teens.

African and Mexican-American groups also pointed out that some teens they know do not have sex because they are focusing on other things, such as school, sports, or a job, which often leaves them little free time for dating and interest in relationships.

Females in each racial/ethnic group also proposed that some girls feel they are "not ready to have sex," so they abstain.

The Influence of Relationships on Sexual Behavior

In discussing the process leading up to the decision to have sex, participants talked about how teens' make decisions to have/to avoid sex, and the interpersonal exchange between potential sexual partners. Participants described various types of relationships among their respective peer groups and how these relationships influence the way teens deal with sexual behavior. In fact, all groups discussed the traditional romantic relationships, characterized by friendship, extended courtship, fidelity and sexual

monogamy. However, not all groups depicted this type of relationship as predominant among their peers. For instance, Caucasian teens depicted relationships among their peers as mirroring the traditional, monogamous relationship. They reported the majority of teens they know have sex while in a steady relationship, which is usually established *before* the teens have sex. However, transition to first sex is often an important part of such relationships. Caucasian males asserted that sex is an anticipated part of a steady relationship between teens. Their female counterparts responded similarly stating that girls will sometimes engage in sex when they do not want to, because sex is the "expected" next step in a steady relationship:

> It's kind of like a natural progression. If you've been in a long relationship, the guy is like, 'okay, kissing is a little boring,' and it goes on.
>
> I think it's also like how long you've been with a person and whether you think that's [sex] expected of you next. And like if you are not willing to say no, this isn't what I want . . . like it may happen. Not because they want it to, but because they don't think they have the right to say no.

Caucasian participants also noted that while stability and length of the relationship influence the likelihood of sex, age of the partners is also a factor. In particular, if the male partner is a bit older, the probability that sex will occur is generally increased. Caucasian male participants remarked that females are "more serious, more mature about sex and relationships" than males of similar age, and noted that their female peers often date older males, whether they are older teens or males slightly beyond their teens. Caucasian female participants discussed this pattern as well, and noted that the age difference sometimes impacts whether teens have sex:

> I think if you are involved with an older guy, you kind of have an idea that he's going to eventually, maybe sooner than you would have thought or sooner than you wished, bring up sex. . .
>
> Because a lot of times older guys are more experienced and the more experienced you are you're going to expect sex, I think.

While monogamous and steady relationships were the dominant context in which Caucasian teens have sex, white participants still acknowledged that sex among teens in other types of relationships also occurs, albeit to a lesser extent. If their peers have sex outside of a serious relationship, it tends to happen in a "partying" atmosphere, but with teens that they know. One female participant remarked: "I know people who just do it when they are drunk."

Mexican-American participants discussed both traditional and more informal relationships in which teens have sex. Latino participants indicated that the relationships in which their peers are having sex are changing, moving from the more traditional, monogamous union to a more informal, casual relationship. Thus, they found it difficult to say which type of relationship is most common among their peers. As part of the changing context of sex and relationships, Latinos reported that their peers, especially males, often seize the opportunity to have sex whether they know the person well or not. As one male put it: "If she looks good and I've got a condom, it's good."

Further, Latino females described a predominant double standard regarding sexual behavior for males and females among their peers. Specifically, experimenting with sex and with different sexual partners was accepted or deemed appropriate for Mexican-American males, while females are supposed to remain virgins or only have one partner.

Mexican-American males also expressed a unique perspective regarding the conditions under which sexual activity was sanctioned by their peers. In particular, Mexican-American males stressed the importance of mutual consent, and explicitly mentioned that having sex with very young girls is wrong and even dangerous:

> If she's four or five years younger than me . . . there's nothing wrong if you are 22 and she's 18. But if you are 18 and she's like 12 or 13, you know. I personally would think of myself as a child molester.
>
> I know that some guy, he's with a 15 year old and he's already 20. He's been skipping with her since she was 12. . .
>
> It's dangerous if you are with a little girl. You may get caught. Think about it. You sleep with a younger girl and she comes up pregnant or something and that's dangerous.

They noted that if males were caught having sex with underage girls then they could be charged with statutory rape.[5] As a result of this concern, Mexican-American male participants said that, in general, teen sex should be consensual and with females their own age or older.

In contrast to white and Mexican-American teens, African-American participants reported that sex happens often between teens who do not know one another very well. As with Mexican-Americans, this

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[5] It should be noted that recently there have been a few high profile statutory rape cases involving Mexican-Americans in Houston, where these groups were conducted. This might have contributed to the teens heightened awareness about this issue.

was attributed to teens seizing the opportunity to have sex when the moment arises. However, African-American participants described three types of relationships within which sex occurs: a) the more traditional relationship where couples share activities, partners confide in one another, and spend time at one another's home and with one another's family, but monogamous sex is *not* presumed; sex with someone outside this relationship is acceptable and even expected; b) sex between individuals who know one another, but there is no interest in a long-term or stable commitment or relationship, and; c) casual sex, where individuals who barely know one another engage in intercourse.

African-American participants acknowledged that the main reason why monogamous unions tend not to be very common among their peers is because of a lack of trust between males and females. African-American group members recounted tales of previous relationships and the experiences of older siblings, peers and family members, where they had been taken for granted, mistreated or "dogged". The take home message is that one should not leave himself/herself vulnerable to emotional maltreatment, making it difficult to establish a trusting relationship that could be monogamous. One male participant commented to his fellow participants:

> I'm saying to you all, keep a girl on the side 'cause you never know. I mean, I ain't having sex with nobody else, but I feel as though, you know, one day my girl might trip me. Just zap . . . and do something crazy that I know I ain't got no time for. I don't want to be stuck all by myself.

African-American male participants used terms such as "hanging" or "running," interchangeably with "relationship" to describe their interactions with females. Moreover, their discussion suggested that a relationship to many African-American male participants referred to any time spent in connection with females while pursuing sex from them.

In fact, African-American male participants explained that many relationships are simply a means to get sex from females. The process described by group members involves spending a set period of time, anywhere from two weeks to a month depending on how long the male is willing to wait, luring the girl to have sex. At the end of that period, the male makes a move to have sex with the female. Once these two teens have sex, the sexual relationship might continue or the male might move on; participants noted that males often go through this process with more than one girl at a time.

Though group members agreed this scenario is common, they acknowledged that relationships between males and females are "*not supposed* to be like that; but that's how it's happening." That is, they

recognize that males and females should develop committed, monogamous relationships in which two people trust one another and share more than a sexual relationship, but among the teens they know this is not what typically happens, and such relationships are difficult to establish.

In discussing the lack of trust that characterizes their peers' associations with females, male participants disclosed that many of their male peers believe females hold them back from doing the things they want to do and take up too much of the male's time and money. One participant used himself as an example of a male who tried to trust a female and had sex used against him:

> Look, it's like this . . . Pretty girl, you want to be with her, so you do everything to keep her. . . You're wining and dining her . . . You're wining and grinding her. Taking her out to eat and this. Then, while you're home she's selling [sex] at the club. You home asleep and she out getting her bag off with all your boys. That's how it be.

While African-American female participants did not describe a process for acquiring sexual companions, they characterized equally casual sexual partnerships and difficulty trusting their male companions. African-American females often referred to "associates," or males that they know, perhaps not well, with whom they have sex. They also reported that girls they know are not usually interested in a committed relationship with these males, neither do they have a monogamous agreement with them. One woman defined such relationships in this way:

> 'Associate' is like a friend. It is not your boyfriend, it is not your husband, it is not your certain significant. It is a friend. Most girls I know, they have five, six, seven friends.

African-American females also referred to "special friends," that is, males they have known for a while with whom they have sex, but no monogamous commitment. When the moderator asked if their peers considered these connections relationships, one participant explained that:

> [A] relationship is like two people that care about each other that can be open with each other and can trust each other. And I think they have to be a friend [not an associate] before you can consider it a relationship. . . In some cases, you might luck up and get somebody that is truthful to you, but the majority of the time it is hard to find somebody like that.

African-American female participants also described relationships with males that do not involve sex. They characterized these friendships with males as more trusting relationships than those that involve

sex and noted that these relationships often influence how they relate to males with whom they are involved sexually.

> The guys I have been around with that are cool and you know that you are just friends, I just listen to the way they talk about women and the way they talk about how they get with women and then I know how to hold some guys off . . . I mainly get ideas about how to relate to males from other guys.

Decision-Making Concerning Sex

Participants were asked to comment on how teens make the decision to engage or not to engage in sex. That is, it was explored whether the decision to become sexually active was a conscious one or one that was generally unplanned. Participants' initial response to that question was that the teens they know do *not* usually make a conscious decision to have sex. However, upon further consideration, some participants offered a specific context for understanding how decisions are made about whether or not to have sex. For instance, according to White males and Mexican-American females, teens always have the chance to explicitly choose whether or not to have sex. According to one white male:

> I think it's not just all of a sudden, you're there and you're having sex and you never really knew it. I think there's always a decision . . .
>
> Well, there's some point. I mean whether it's, you know, at the beginning of the evening or when you're in a dark room with all your clothes off that you're going to say, 'I don't think I want to do this.' But I think that there's always the option.

Similarly, Mexican-American female participants stated that girls make a conscious decision, at some point, because they can always say no to boys. However, Mexican-American females reiterated their earlier comment that teenagers often have sex when they are at parties where they may be drinking or using drugs, which impairs their decision-making ability.

Further group discussions elicited two conditions in which teens tend to make a more deliberate decision to have sex. First, female participants across racial/ethnic groups noted that some girls decide they want to lose their virginity, and they may make a conscious decision to have sex, and they identify the person they want to have sex with. However, subsequent sex among such girls is typically unplanned.

Second, participants in all but the African-American male groups pointed out that a conscious decision to have sex is generally contingent on the type of relationship the two teens have. Participants

indicated that sex between teens in a steady relationship is often planned and discussed beforehand by the two teens. In contrast, sex between teens who are not in a steady relationship, for example, those who meet at parties or who are casual friends, is almost always unplanned; teens in this context generally do not discuss having sex prior to intercourse.

Dynamics Between Sexual Partners

Considering the different types of sexual relationships characterized by group participants, and the conditions under which decisions about sex are made, it is worth noting that in most group, participants reported that teens rarely discuss sex with their sexual partners.

Furthermore, participants said that whether or not two teens who are having sex talk about sex depends on the nature of their relationship. In particular, generally teens in traditional relationships discuss having sex with their partners. As one Caucasian male explained:

> It depends on the relationship . . . Because if you're going out with a girl, and you've been going out with her for like a year or two years, you try to talk about it. If it's a one night thing, you usually don't talk about it.

Participants across all groups further noted that when teens are *not* in a traditional relationship, the form of discussion between partners is generally an invitation to have sex, usually from the male to the female. If teens discuss anything other than consent to have sex (e.g. contraception, risk of pregnancy or sexually transmitted diseases), it is the female that generally initiates the conversation, and it usually happens before having sex. However, participants noted that discussions about sex, or the risk of sex, were often uncomfortable and difficult. Mexican-American females revealed their peers are often embarrassed to talk about sex with their male partner because they do not want to seem "too knowledgeable," which implies they are promiscuous. Yet, they noted it is acceptable among their peers for males to talk about sex.

Mexican-American females also mentioned that some teens talk about sex because of previous experiences with different consequences of sex, for example, pregnancy or a sexually transmitted disease.

When teens do talk about sex, participants from every group mentioned that it often happens over the telephone. Participants described a series of phone calls that progress from innocuous conversations to invitations to have sex. African-American and Mexican-American group members said that some males

just ask females if they are virgins, and this indicates to the females they are interested in sex. Males in these two groups described a methodical approach to pursuing sex over the telephone, where males use initial conversations to get to know the girl and in subsequent conversations listen for a "green light," that is, an indication from the girl she is willing to have sex with them. These conversations are characterized by the teens flirting with and teasing one another and, generally the male eventually making an overt request for sex. Mexican-American males related that girls they know are not always explicit about being interested in having sex:

> . . . If she says 'I got to think about it [having sex], you keep going . . .
>
> When they [girls] say 'I'll think about it' that means move in for the kill.
>
> You have to try to convince them . . . You have to be like 'it's going to be alright. I'll call you in the morning.'

Adolescents' Views About Pregnancy

During the next phase of the group discussion, participants were asked to address what teens perceive as the possible outcomes of engaging in sexual intercourse, specifically pregnancy. Group members discussed the prevalence of pregnancy among their peers, conventions and moral attitudes regarding teen pregnancy, and communication between sexual partners about the possibility of pregnancy.

Consequences of Sex

Participants reported that teenagers are well aware that pregnancy, AIDS and other sexually transmitted diseases are possible consequences of having sex. However, youth indicated that most teens do not think about such risks when they engage in sex. Each set of groups revealed that their peers believe they are generally invulnerable to pregnancy, although not all participants perceived the same lack of vulnerability to sexually transmitted diseases, particularly AIDS. Such distinctions were most notable for black and Mexican-American youth.

For instance, most Caucasian participants said if their peers worry about any outcomes of sex it is pregnancy, not sexually transmitted diseases. However, they further speculated that most of their peers will not believe pregnancy can happen to them until someone they know gets pregnant. One Caucasian male believed that wealthier teens whom he knew in private school, tend to worry about pregnancy because of the stigma attached to it, whereas those who are not wealthy are more concerned about AIDS:

> . . . People I know are different, but it's a big factor . . . A lot of people I know are scared to death just because of AIDS . . . I've been in private school. I'm in public school, right now. But, I mean, with the private school that I went to, the filthy rich people . . .you can hide disease. You can shove them off to some hospital or pump them up on some really expensive medication. But, it's really hard to hide a pregnancy . . . I mean, you just can't hide the pregnancy.

White females who mentioned they attended small or private schools, suggested that different environments influence the kinds of concerns teens have about the risk of sex:

> Most of my friends and people who are having sex now, it's like a small group of people that we all know each other and a lot of people haven't had sex with that many other people. So, it [AIDS] is really not an issue as much as pregnancy is, I don't think.

> Later in life maybe we'll be more aware of getting a disease when we are going to bars and meeting people we don't know at all. Now, it's like, 'oh, we've known him for a long time.'
>
> I think until somebody that you know or someone, one of your friends or something like that, someone you see gets a disease, you don't really think it will happen to you.

In contrast, African-American participants said their peers, especially males, think about AIDS and other diseases as the main negative consequence of having sex.

Additional comments among African-American females indicated, actually, their peers tend not to think about pregnancy at all, compared with other females who perceive pregnancy will not happen to them. Black females said some of their peers do not consider pregnancy as a highly probable outcome of sex because: 1) they had tried unsuccessfully to become pregnant; 2) they had sex without contraception and did not become pregnant; 3) African-American males often tell black females they are sterile and cannot get them pregnant, and; 4) Black females have been told by physicians or other health care providers that they could not get pregnant[6]. African-American female participants said if their peers think about pregnancy as a consequence of sex, they think about it in the midst of having sex or after having sex. Participants in these groups noted that some females may even stop having sex at that moment because they are worried about becoming pregnant. However, they may still repeat the risk scenario at a later sexual encounter.

Mexican-American participants said their peers think they are invulnerable to both pregnancy and disease and stressed that teens they know only think about the sex act, not its repercussions:

> You don't think about the consequences until afterwards.
>
> Before you do it [sex], you don't even think about it [consequences]. Like what might happen. It's there. Go ahead.
>
> You don't even know, like you don't even know the girl is safe. She might have a disease or something. You don't think about it until after it has happened . . . You get caught up in the moment. And you drown out everything.

Mexican-American group members noted that, if teens they know think about the consequences of sex, females think about pregnancy and males think about disease. Mexican-American males pointed out

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[6]Participants were probed for whether young women had been told they were infertile, or whether they were at risk for infertility or difficulty in conceiving. However, group participants were unable to provide more specific comments on the topic.

that teens who are in steady relationships trust their partners and know they are disease free, and that is the reason they do not consider diseases a consequence of sex.

Relationships and Concern About Pregnancy

The type and stability of the sexual relationship also emerged as influencing teens' discussions about the possibility of pregnancy. Participants noted that if pregnancy as a consequence of sex is considered, it is usually among teens in a more long term relationship. Furthermore, females tend to think about it more than males. In particular, participants believed that females think about the physical and emotional impact of pregnancy, while males think about the commitment and financial responsibility they will have, or be pressured to fulfill to the teen mother and the baby. Females, across all subgroups, noted that males who are in more long-term relationships are usually more empathetic to the females' dilemma, but are still not as concerned as females. Their male counterparts agreed, stating that males can ignore pregnancy but females cannot.

Caucasian males further stipulated, however, that in environments where pregnancy is uncommon, parents are usually more of an influence on their teens behavior. They speculated that males from these type of environments are more serious about preventing pregnancy and about taking responsibility if their female partner gets pregnant.

Similarly, non-white participants felt that females worry more about pregnancy than males, and that males are more concerned about the financial responsibilities they will have, rather than the impact the birth could have on the female's life. Despite worrying about the monetary obligations should their partner become pregnant and have a child, non-white participants reported that their male peers are less apt to take responsibility for it. One Mexican-American female described males' attitude this way:

> They just do it [sex]. They don't really think about it. They don't think of the consequences or about the person they've been intimate with.

In addition, African-American and Mexican-American group members revealed that many males deny paternity when females tell them they are pregnant, although Mexican-American participants acknowledged that if teens are in a committed relationship that tends not to happen.

Conventions and Moral Attitudes Regarding Teen Pregnancy

Several group discussions about the consequences of sex indicated that how prevalent teen pregnancy is in the teens' community may influence notions about risk and risk-taking. In fact, according to participants one of the major factors affecting whether or not adolescents are more accepting of teen pregnancy and is how common it is in their environment, particularly how visible it is in their schools. In particular, teens articulated differences in teens' attitudes about pregnancy according to whether they attended a private or public school. Teens felt this was due to the fact that school context may determine the kinds of behavior teens see (e.g., pregnant teens, teen parents), the kinds of teens they associate with (i.e., private schools are more isolated as a school community from the larger community context), and the kinds of relationships that teens have among their school-age peers. For instance, most participants who attended public schools said they knew girls who wanted to get pregnant, whereas teens who attended private schools, or elite public schools, said few, if any, of their peers wanted to get pregnant.

African-American and Mexican-American participants, who tended to report that teen pregnancy was common in their communities and in their school, more frequently reported that their peers were accepting of teens who get pregnant, even if their peers would not choose pregnancy for themselves.

Caucasian group members, the majority of whom reported teen pregnancy was uncommon in their community and school environment, said that their peers view teen pregnancy as unfortunate for the teens involved, but were quick to add that they did not think their peers would shun friends who might become pregnant:

> I don't think anybody would ostracize somebody else because they're having a kid, but they definitely wouldn't be happy for them . . .

Further discussions regarding the "social acceptance" of teen pregnancy also focused on teens' school environments with respect to the normative nature of teen pregnancy. Caucasian participants commented that peers who attend larger public schools see pregnancy as common at their schools and are fairly accepting of it [pregnancy].

> In our school it's not a big deal . . . They have day care there for their babies . . . It's like, 'you can have a baby and we'll watch it during the day. You can screw up your life.'

White participants also remarked that there seems to be comradery among teen mothers and girls; even those who are not mothers seem happy for girls who have babies. However, Caucasian participants also

disclosed that teen pregnancy is relatively uncommon primarily among private high schools which teens described as intolerant of teen pregnancy:

> We were talking about it [teens getting pregnant] the other day and we really think that our school would ask the person to leave, it's such a big deal.

Nevertheless, Caucasian participants who attended private schools noted there are many "pregnancy scares", and teens generally consider abortion in response to an unplanned pregnancy.

African-American participants commented that most pregnant teens with whom they come in contact have their babies. Participants know teens age 18 or 19 who have two or three children. Their discussions focused more on the conventions regarding teen mothers than regarding teen pregnancy. They implied that, among the female teens they know, having a child does not necessarily affect the social status of a teenager. Female participants asserted that the main issue about pregnancy should not be a person's age, but rather a person's ability to raise and care for her child.

Similarly, African-American male participants said their peers think teen pregnancy is "natural," and stressed that even their peers who would not choose to have a pregnancy embrace the child. However, many black male participants, like their female counterparts, noted that it is important to be able to take care of a child and acknowledged that most of their peers are not in a position to fulfill the this responsibility.

Like African-Americans, Mexican-American participants assumed that most teen pregnancies end in females giving birth because many teens they know have children. Moreover, while most Mexican-American participants reported teens they know accept teen pregnancy, their peers are more accepting of teen pregnancy if the male and female involved remain a couple. Mexican-American participants reported having little respect for females who have more than one child with different males. Mexican-American group members also indicated that if teens attend schools that are not near their neighborhoods, in areas where teen pregnancy is uncommon for example, then these teens are less accepting of teen pregnancy, a viewpoint more in line with the peers at their school.

Desire for Pregnancy/Pregnancy Intentions

Reasons to Avoid Pregnancy

Given that teens tend not to think about the risk of pregnancy or feel invulnerable to the risk of pregnancy, the moderator explored teens' specific desires for pregnancy. Participants emphasized that most teens they know do not want to get pregnant, or get someone pregnant, primarily because of concerns for their quality of life and ability to achieve their goals if they were to become a parent. For those teens who do want to get pregnant, participants indicated that their reasons for wanting to get pregnant are often an extension of their reasons for having sex: keeping or attracting a mate and a lack of attention or support in relationships with peers or family.

Teens' comments about reasons for avoiding pregnancy focused on the way a pregnancy could change their lives. However, participants continued to refer to the issue of school context, particularly private versus public schools, as a factor that influenced their peers' interest in or desire for pregnancy. For instance, according to participants, a primary reason for avoiding pregnancy was the negative impact a pregnancy could have on one's plans for the future. This was expressed across all groups, irrespective of gender, or race/ethnicity. Participants also commented on the financial and emotional responsibility of caring for a child at this stage in their lives.

Caucasian females attending private schools revealed that teens in their schools were too concerned with the negative effects a pregnancy would have on their educational/career plans, their peers' opinions of them, and their social lives, to want to get pregnant; these participants also said their peers generally felt they were not ready for the emotional and financial responsibility of parenthood and did not want their parents to lose respect for them.

On the other hand, some Caucasian female participants pointed out that in their experience, pregnancy did not keep teens from finishing school and enjoying life, because the teens they know had supportive families. Still, they believed that teens in private or elite public schools are taught to think beyond high school and even beyond college, and have long-term goals that would be adversely affected by pregnancy as a teenager. Furthermore, they said that public schools they attend tend not to provide intense college or life planning, thus teens from public schools tend not to have goals that would be adversely affected by an unplanned pregnancy.

African-American and Mexican-American female participants paralleled many of these concerns, but saw pregnancy in a less negative light, and placed less of an emphasis on the importance of the school environment than White teens.

African-American females said that a pregnancy would prevent them from accomplishing their educational and career goals in a timely manner, rather than ruining their chances of ever achieving these goals. They cited a number of changes to their lives including: interrupting their education, not having a social life, needing to find employment *and* someone to care for their child, and finding a place to live.

> I am not saying you can't accomplish your goals, but if you do have a child, going to school will be difficult . . . but if you don't have no child you can go about your business and plan things out.
>
> She will have to think about getting a job . . . because she will really be struggling because she will be taking care of herself.

Mexican-American female participants noted that their female peers do not want to get pregnant because they are concerned that they would not be able to adequately provide for a child:

> They are having problems and they don't want the baby to go through that. You know like if they are poor and the couple is living together. . . They are not going to want to have a baby because how are they going to support the baby.

Mexican-American females also mentioned wanting to avoid trouble with their parents, not wanting to lose their figures and, if she is not in a relationship with her child's father, coping with her male peers' rejection of her because she has another male's child.

Males in each group emphasized that their peers do not want the financial responsibility that comes with pregnancy and parenthood. Caucasian male participants' views paralleled the sentiment of white females, stressing that an unintended pregnancy would devastate their plans for the future. Further, even when asked, white males could not offer <u>any</u> reasons why their male peers would purposely get females pregnant.

African- and Mexican-American male participants revealed that many of their peers do not want to be "tied down" to the girls they might get pregnant or to be strapped with the increased financial and personal responsibility. One Mexican-American male participant noted:

> It really puts a hold on her dreams or her future plans or anything like that because that's a big responsibility having a kid. It's something that they don't want to do because they're going to have to realize that 'if I work, who's going to take after the kid? If I don't work, how am I going to get the kid diapers, formula, whatever, medical expenses.' It's not all flowers . . . it's a big responsibility to take care of the kid. It's not like a pet that you can just feed every once in a while.

Desire for Pregnancy

Although group discussions focused primarily on the consequences of an unintended pregnancy, several participants commented on reasons why some teens they know may explicitly want to or plan to get pregnant. For instance, Caucasian females who said they attended public schools commented that their female school-mates who want to get pregnant do so in order to keep their boyfriends, to have someone to love them, or as a way to escape family problems and to get out on their own. Many of these same reasons were offered by African-American and Mexican-American females who noted they too attended public schools. African-American females further commented that some of their peers want to get pregnant to have something that belongs to them, to get attention, and to get pregnant by certain males for the status of having their children. They also remarked that girls want to get pregnant because "everybody else" is pregnant, suggesting it is a popular fad some girls want to follow. Further, African-American female participants discussed the fact that girls wanting to get pregnant are often trying to make up for things that might be missing in relationships with males or with their families, such as lack of attention or support. Specifically, African-American girls noted that some of their peers want to get pregnant to receive the positive attention, concern, and support often given to young expectant mothers. However, one young mother in the group commented that response to one's pregnancy is not always positive and some young girls do not receive the positive reception from their peers, family and community that they had anticipated.

> I know when I was pregnant . . . when somebody see a girl pregnant they look down on her. It is not cute. It is not cute. Because they might say, 'oh, when you due' and stuff, just like you want. But they are talking about you behind your back. Like they go, 'she don't have no business having that child.' And at first I did feel ashamed when I got pregnant. But I take care of my son. I am not on welfare and they don't have to take care of my son and I am proud of that. . . But what you say at first [girls think they will receive positive attention], I know people like that. My friend, she is pregnant and she is about to have another baby. I mean she had her son and she is pregnant with another one. And people were calling her dummy and all this kind of stuff. That is how people are. But it is not cute, no.

Male participants across groups reiterated that most of their peers do not want to get females pregnant, primarily because of the increased financial or emotional responsibilities to the mother and the child. Only, some male participants could speak of a few males they know that want to get females pregnant so that the female will stay with him or not get involved with other males. Mexican-American boys offered these specific explanations for why their peers may want to get a girl pregnant:

> Maybe they really love the girl and they want to keep her for the rest of their life . . . or they want to start a family.
>
> Some guys think like, say he wants to keep the girl and he figures he's going to put her on a ball and chain by making her have a kid. Like, 'she's had my kid. She's going to be with me.'

Although the moderator's questions in this part of the discussion were limited to issues of teens' desire to get pregnant, African-American and Mexican-American male groups segued into a discussion about their peers' desire to carry an unintended pregnancy to term. They remarked that when their male peers find out that they have gotten a girl pregnant, they generally want her to have the baby. As one Mexican-American male explained:

> It's your kid. Your creation. It doesn't mean you have the desire to have it [pregnancy] happen. But if it happens, most of the time the guys want to [keep the baby] . . .

While male participants commented on why some males may want to get a girl pregnant, they were quick to note they believe it is mostly females who want to get pregnant, not males. Further, they believed that some females have ulterior motives for getting pregnant. Across all groups, male participants felt that girls who want to get pregnant do so to "trap" the boys who get them pregnant or out of spite for boys. Males in all groups also mentioned that females who want to get pregnant are looking to preserve the love and attention they think they will receive from peers and the father of the child. Other reasons given included the female's desire to show she is grown up, to be like her friends, many of whom have children, and to gain status by having the child of a particular male, or to get out of a bad home situation. Mexican-American males further remarked that many of the females they know want to get pregnant because they think babies are cute or like dolls and do not comprehend the reality of having a child:

> Most girls, you know, they just want to have a kid to have fun with. They think it's just a little Barbie doll or something.
>
> They think it's just a game.

> . . . They're not worrying where they're going to get the money to take care of it, doctors and all that, you know. . .

Communication About Pregnancy and Risk of Pregnancy

Just as teens reported little communication with their partners about sex, participants indicated that teens engaging in sex rarely talk with one another about the possibility of pregnancy. Participants noted that discussions about pregnancy usually occur, if at all, after the female has reason to believe she is pregnant. Because of this, participants explained that it tends to be females who initiate the discussion about pregnancy with her male partner.

Also, as with communication about sex, group members stated that teens in traditional, or more steady, relationships are more likely to talk about pregnancy than those in more casual relationships. Caucasian participants noted that teens they know tend to discuss the possibility of pregnancy, most likely because such relationships are fairly stable and somewhat long term. This allows for more time to become comfortable with their partner making it easier to discuss such personal matters. Still, White teens concurred that, even among teens who are in relationships, conversations about pregnancy tend to happen if a girl thinks she is pregnant. White females explained that even in a steady relationship, females still generally introduce the topic of pregnancy because "they have more to lose if they are pregnant." One Caucasian male suggested one reason his male peers tend not to bring up pregnancy is that "guys are afraid to ask about pregnancy because they are afraid girls will confirm their fears."

African-American female participants disclosed that their peers talk to their *platonic* male friends about the possibility of pregnancy, but rarely to the males with whom they have sex. Black females felt this was understandable given that relationships among their peers were characterized by a lack of trust resulting in a lack of communication between partners. If a conversation about pregnancy did occur, it was initiated by the female, and happened because the female believed she was pregnant. The exchange between partners regarding the issue of pregnancy often resulted in the male denying responsibility, and arguing that as monogamy was not presumed, it is possible that someone else could be responsible.

Mexican-American group members' discussions on this topic also included comparisons between teens in relationships versus those who are engaging in casual sex. These participants noted that teens in more committed relationships are more likely to discuss the possibility of pregnancy because they are concerned about their future together:

> Sometimes you'll ask for her opinion. Like what would happen if you were to get pregnant? What would you plan? What would you think about me? What would you do about it? Get an abortion, keep it, run away?
>
> That's usually with long term relationships. You start asking questions like that. You want to know where you are going. They want to know where you are going.

Mexican-American male participants suggested that their male peers do not bring up pregnancy especially before having sex, not out of fear about pregnancy itself, but because they fear the girl will reconsider having sex with them. Still, many of these male participants suggested that these discussions are rare because, among their peers, more unplanned pregnancies happen to teens who are not in a steady relationship.

Adolescents' Views About Contraception

Group discussion on contraception focused on three major points: 1) teens' attitudes about birth control and the types of methods teens frequently use; 2) the range of places teens receive contraceptives and contraceptive care, and the barriers to receiving that care; 3) communication about contraceptive use among teens and their sexual partners.

Methods Teens Use to Prevent Pregnancy and Access to Contraceptive Services

Contraceptive Methods

Participants reported their peers use a range of contraceptive methods. However, group discussions suggest that condoms and oral contraceptives are the forms of contraception most commonly used by teens. Furthermore, participants reported most teens believe that these two methods, as well as other methods of birth control, reliably prevent pregnancy; condoms are also considered to be reliable at preventing sexually transmitted diseases. Teens also noted that oral contraceptives and condoms are readily available to most teenagers either over the counter or from a family planning clinic or health care provider. A few distinctions by gender and race/ethnicity are worth noting.

Caucasian participants said their peers believe that condoms and birth control pills are effective, though they are fully aware that nothing (except abstinence) is 100 percent effective. As previously noted, Caucasian participants cited their peers generally do not think about preventing sexually transmitted diseases; thus, group members remarked that males use condoms primarily to protect against pregnancy, not disease. White males believed that condoms have few physical side effects. In contrast, White females cited weight gain, mood swings, and possible drug interactions as negative side effects of birth control pills. However, some white females saw other side of effects of the pill (e.g., enlarged breasts and regular periods) as beneficial.

In contrast, African-American females reported using a wider range of contraceptive methods, including Depo Provera, Norplant, and contraceptive film, in addition to condoms and the pill. However, Black females detailed a number of bad experiences shared by themselves and their peers as a result of using some of these methods. Depo Provera was most frequently associated with negative contraceptive experiences. Black females believed Depo Provera caused many harmful side effects, including extremely irregular menstruation, increased appetite, weight gain, cancer, brain damage, and bone deterioration,

although many participants acknowledged that birth control pills have a few of the same side effects. Black girls further commented that such disturbing experiences with one type of contraception makes teens they know avoid these methods and make them skeptical about trying other methods of contraception.

In light of these negative experiences, Black female participants expressed reservations about using birth control in general, noting that their peers believe that many prescribed contraceptive methods make teen females sick, and that some females they know use contraception and still get pregnant. In spite of these strong reservations about the safety and effectiveness of certain methods, African-American female participants said their peers still believe that contraceptives usually work to prevent pregnancy; however, they added that they rely on what they hear by word of mouth about different methods to decide if they will use a certain method of birth control.

African-American male participants expressed much less concern and knowledge about contraception than their female counterparts, though they generally believed that their peers felt birth control was effective. While most African-American males use condoms, they noted that birth control pills and Depo Provera were methods used by their female peers.

Mexican-American participants also mentioned a range of contraceptives used among their peers, including condoms, oral contraceptives, Depo Provera and Norplant. Unlike other groups, participants reported that withdrawal was the predominant method their peers use to prevent pregnancy. According to one Mexican-American female:

> They [boys] say they are going to pull out all the time . . . I haven't heard of girls in my school using birth control [oral contraceptives] or anything like that. But most common is they say 'oh, he is going to pull out' . . .

While withdrawal was referred to among participants in the European-American and African-American groups, neither set of groups indicated that the use of withdrawal was routine. Mexican-American participants explained that their male peers do not like to use condoms and sex is often unplanned. Mexican-American teens emphasized that their peers tend to choose contraceptive methods that are easy to get, inexpensive or free, and that do not require planning far in advance of having sex. Still, many Mexican-American participants acknowledged that contraception is readily available to their peers; but they choose not to use it.

Access to Contraception

Participants across all groups reported that teens they know are aware of where to get contraception and are generally able to obtain some form of birth control without difficulty. In general, male participants, who mainly reported using condoms, related somewhat fewer concerns about and barriers to getting contraception than their female counterparts who reported using a range of contraceptive methods. For example, participants in all groups noted that condoms are readily available to most teens, because condoms can be purchased or secured without parental consent at a pharmacy or from family planning clinics where they are usually free.

However, European-American and Mexican-American males indicated that embarrassment about buying condoms makes it difficult for some teens they know to get them. In particular, it is awkward for teens to buy condoms in convenience stores or drug stores, because many stores keep condoms behind the counter or in a locked case, forcing teens to ask the store clerk for them.

Female participants across groups reported that their peers get contraception from family planning or health care clinics and private doctors, as well as over the counter. They believed that obtaining contraceptive methods other than condoms (e.g., pill, Norplant, Depo Provera) can be more difficult for female teens they know, because these methods can be expensive. Teens also expressed concern about confidentiality and parental consent that is sometimes required to obtain a medical method of birth control. European-American females said that girls they know go to a clinic rather than a doctor for contraceptives, usually birth control pills, primarily when they do not want their parents to know they are using birth control:

> If their parents don't know [they are sexually active] I guess they get it through the clinic. Or if their parents know they go through a regular doctor.
>
> They don't want their parents to know they go to Planned Parenthood . . . It's anonymous.

European-American females acknowledged that among their peers some parents help teens get contraceptives, although they noted that for some teens' embarrassment about discussing sex and contraception with their parents is a deterrent to using contraceptives. One White female related that female teens are also self-conscious about using contraception when they are with their peers:

> It's like somewhat awkward because a friend of mine who was on the pill, she had to take it at a certain time. And when she had to take it at that time, she had an alarm on her watch and it would go off and she would have to go take it. She would make an excuse about why she had to go and do something. It was kind of like each time having to come up with an excuse.

African-American female participants also said many of their peers, especially those whose parents are not aware they are sexually active, use family planning clinics as their main source for contraception. In addition to ensuring confidentiality, they noted that these facilities provide birth control methods that are inexpensive or free, which makes it easier for the teens they know to get contraception. However, African-American female participants noted that not all of their peers know that inexpensive or free contraception is available. Thus, some of their peers' perceptions about the cost of birth control, as well as a general reluctance to go to health care clinics, keeps them from getting birth control. When asked what keeps teens they know from going to get contraception, participants had this exchange:

> It is like some people, well they just go when something is wrong . . . when they are burning . . . they itching, they got a [sexually transmitted] disease. Other than that, they won't go.
>
> Some of them are scared if something is wrong. They don't want to know what is going on . . . or spend the money.

Mexican-American female participants mentioned many of the same concerns (i.e., parents, expense, confidentiality) as European- and African-American females. However, they commented specifically that because females need a doctor's care to obtain certain birth control methods, it is more difficult and costly for girls than for boys to get contraception:

> Sometimes it is more expensive. I mean you know for the birth control [pills] you got to go to the doctor and they have to check you out and everything. And same thing for the shot and Norplant. Those are the three basics for the girls. You got to go to the doctor and everyone will know and that would cost money.

Mexican-American females elaborated further that the types of contraceptives girls use require regular visits to a doctor or clinic, which discourages some teens from trying those methods.

Participants were asked when they first heard about birth control. Teens commented that, in general, it was in school (middle school), as part of their sexuality education class. Thus, most teens believed they had been introduced to birth control before they were teenagers. However, the range of

information provided in sexuality education was basic information about the kinds of methods available and how effective they were against pregnancy or STDs. Teens reported they generally did not have discussions about possible side effects, where to obtain such methods, and or how easy or difficult such methods were to use. Teens felt that such information would have been helpful for understanding birth control in a "real" context.

In addition to school, participants mentioned getting information about contraception from friends and older siblings, and even television, particularly public service announcements or situation comedies that may focus on the issue of protection. However, such shows rarely provided a broad range of information about contraception.

European-American female group members revealed that teens they know are most comfortable getting information about contraception from older siblings and friends, but believe doctors, clinics and parents give the most *reliable* information.

Reasons Teens Choose to Use or Not to Use Contraception

Participants said that their peers who use contraception do so to prevent pregnancy and/or to protect themselves from sexually transmitted diseases, particularly AIDS. However, not all groups stated that both of these were primary reasons for using birth control. African-American participants said their peers who use contraceptives use them to prevent pregnancy *and* protect themselves from diseases; but for many African-American participants, particularly males, contracting diseases, especially AIDS, was seen as the primary reason for using contraception (e.g., condoms). In fact, group members said that most of their peers begin using contraception after a pregnancy "scare" or after contracting a sexually transmitted disease (getting "burned"). African-American participants said many teens use contraceptives when they are suspicious that their partner may have a disease, given that many of the teens they know have more than one partner and have difficulty trusting their partners.

Despite concerns about the risk of disease, African- and Mexican-American participants noted that even their peers who usually use contraception will have sex without it if the opportunity for sex presents itself, and they do not have a condom with them. European-American participants indicated this is less common among the teens they know, but White teens revealed that, overall, their peers engage in risk-taking sexual behavior, if there is an opportunity to have sex.

In contrast to non-whites, European-American participants said the teens they know use contraception primarily to prevent pregnancy, not disease. European-American females, however, were split in their opinions about contraceptive use among their peers. Their opinions appeared to differ given the type of school (public or private) they attend. For example, European-American females who reported going to a private or more elite school contended that disease was not an issue among the teens they know. They felt this was due primarily to the fact that their schools and communities tended to be exclusive and more protected. They also believed that their male peers were trustworthy and monogamous. In contrast, European-American females who indicated they went to public schools reported teens in their schools are concerned about AIDS, as well as pregnancy, and that complete trust in anyone tends to be rare, including males with whom they are in relationships that are presumed to be monogamous.

While participants across all groups reported that contraceptive use is very common among their peers and a fairly wide range of methods are used, overall, participants acknowledged that consistent contraceptive use among their peers is rare. European-American participants are more likely to report that most of the teens they know use contraception most of the time when they have sex. In fact, White teens believed that inconsistent contraceptive use among their peers was rare. Instances when their peers may not use contraception are: when they are drunk or high and decision-making skills are impaired; if they do not have the money to buy contraception; if they find themselves without some form of protection and they are about to have sex. Teens in this latter situation are willing to take the risk of unprotected sex, in order to seize the opportunity to have sex.

Male participants, including European-American males, revealed that many of their peers will have sex if the opportunity presents itself, whether they have a condom or not. One African-American male participant commented:

> You know, you with a girl; you have no idea you are gonna hit, you know. And ain't no condoms nowhere nearby, and you know, it's hard to say, well, 'I don't want to have sex.'

African-American participants noted that most of their peers do not use contraception consistently when they have sex, and offered a number of reasons why teens they know choose not to use contraception, including the fact that contraception is unreliable, as they know teens who get pregnant in spite of using birth control. They also reported that both males and females believe that condoms reduce sexual pleasure because of how they feel; that some teens they know want to get pregnant or do not believe they are able to get pregnant (infertile).

Similarly, Mexican-American teens noted that condoms ruin the feeling of sex, and their peers tend to use such reasons to avoid using condoms. However, other reasons not to use contraceptives were unique to Mexican-American teens. Latino participants noted that often females are too shy to ask males to wear a condom, and if they do not ask, males will not wear them.

> They're both scared to talk about it because they are embarrassed about it. They might say nothing . . .
>
> It might be that the guy gets offended or the girl gets offended, 'Why, do you think I'm dirty?'

Also, Mexican-American group members noted that teens they know use contraception in the early stages of a relationship and diminish use as the relationship progresses, because they trust their partner not to give them diseases and to stay with them if they become pregnant.

Sexual Partners' Communication About Contraception

As was noted in their discussions about sex and pregnancy, participants reported that their peers rarely discuss contraception with their sexual partners. In fact, participants described a process where one partner simply asks the other whether they are using a method (usually the pill) or if they have protection (condom).

> Sometimes the guy thinks, and he'll ask the girl if she is on the pill.
>
> The only time I can think of that I would ever talk about it is for the girl to tell the guy she's on the pill or something like that, but I think it's understood that the guy [has a condom].
>
> But there's not much conversation talking about contraceptives. It's like: you are on it or not, or do you have it or don't you. It's just the answer to a question. There really wouldn't be that much talk about it.

Group members indicated that how teens relate to one another about contraception is dependent upon the type of relationship the two teens have. Participants stated that teens in long term or more steady relationships share in the decision to use contraception and the responsibility of supplying it, more so than teens in casual relationships. But, generally, European-American participants said teens they know do not usually discuss contraception because they assume they are going to use it. That is, either the male has a condom with him or the female is on the pill. However, if their peers do talk about contraception, they usually do so before they have sex. European-American males noted that females often ask if males have a

condom, just as a way to indicate they want to have sex; a discussion may occur if a male does not want to wear a condom.

African- and Mexican-American participants commented that, unless the female brings up the topic of contraception, whether to use contraception or a particular method, birth control is generally not discussed. Non-white females indicated that their female peers tend to make the decision to use contraception and often take responsibility for supplying the method, even condoms. While some African- and Mexican-American male participants described this same scenario, other males in these groups disagreed and felt that their male peers tend to supply the contraception if the teens use condoms. These males asserted that their male peers take responsibility because there are many females with sexually transmitted diseases who are sexually active, but who do not take responsibility for protection from pregnancy and disease. African-American males also mentioned that many females cannot be trusted to tell the truth about using contraception: "Some girls will say they're on the pill, but not be on anything."

Overall, African-American and Mexican-American teens said because their peers frequently have unplanned sex, often with teens they barely know, the discussion about contraception, if it occurs, takes place when sex is imminent. However, the lack of contraception does not prevent them from engaging in sex.

Suggestions About How to Motivate Teens to
Prevent Pregnancy and Delay First Sexual Intercourse

The purpose of this part of the discussion was to generate ideas about what teens think would help motivate adolescents to avoid getting pregnant. In general, participants noted five aspects of teens' lives that play a role in teen sexual behavior and would be important targets for pregnancy prevention efforts. These areas included: 1) oneself or individual responsibility, 2) family, 3) home and neighborhood environments, 4) contraceptive and sexuality education, and; 5) involvement of the larger society.

Oneself or Individual Responsibility

Teens first commented that changes among teens themselves would be needed to help teens avoid pregnancy. Participants acknowledged that much of the risk of pregnancy was due to the fact that teens have sex without contraception, and are willing to take the risk of an unplanned pregnancy in order to simply have sex.

Of all the group members, African-American participants, in particular, talked the most about how teens would have to change *themselves* to successfully prevent pregnancy. They asserted that teens need to have self-respect and self-discipline, the latter point elaborated upon by African-American males. Furthermore, Black males stressed that their peers needed self-confidence and discipline in their lives to be able to make the tough decisions and follow through with those decisions:

> It takes discipline . . .to really listen to what your parents say, without them being over top of you. It's discipline, you know. All about respect, the love you got for yourself.
>
> You need self-respect. Like, don't do what you see your peers doing. Stuff like that.
>
> You gotta be self-confident . . . confident about what you believe in, how you feel about yourself. You gotta have self-respect.

Some African-American male participants saw self-discipline and self-respect as a "self-control", meaning their male peers need to control their urges to have sex. European-American male groups shared African-Americans' perception about teens and self-control, indicating that practicing abstinence would be one of the most effective means for teens to prevent pregnancy, but that remaining abstinent in this day and age was very difficult.

Family

While ideas about developing individual characteristics were discussed, such issues were intertwined with the other four aspects of teens lives, particularly family and immediate environment. Participants in each group stated that a strong relationship with parents and a sense of family support were essential for helping teens avoid pregnancy. In particular, teens felt that parents were important for helping teens set goals and priorities for the future. As one European-American female said, it would help teens realize "they have something to lose", by getting pregnant. European-American males emphasized that teens need their parents' help to develop responsible behavior, that is, thinking before they act and considering the long-term effects of their actions.

African-American participants pointed out that some teens they know needed *both* a mother and a father, a stipulation that was not made by other participants. Black teens commented that the lack of two parents, usually a father, often has consequences for teens' lives. They believed that fathers were important for males and females, but that *positive* male involvement (fathers or otherwise) was critical. Not all black participants agreed that two parents were essential, as many commented that so long as a single parent was fully involved and supportive, that teens can develop values and goals, and be motivated to avoid pregnancy.

Despite the disagreement over the need for two parents, black teens expressed the need for parents to fill a variety of different roles, particularly the role of educator and emotional touchstone. Black participants said teens like themselves need their parents, and other older adult figures in their lives, to educate them about morals, values and religion, and to teach them right from wrong. One African-American male put it this way:

> . . . You can't get that inner strength [self-respect, self-control] unless somebody else puts it in you. This is how it starts, when you small. . . You gotta come to your parents first, then they build it up in you. It don't even have to be your parents; it could be your older brother.

African-American females mentioned explicitly what their male counterparts implied: love, guidance and security from their parents in their lives, in general, would help motivate teens they know to prevent pregnancy.

Whatever role participants envisioned parents playing in teens' lives, they stressed that there needs to be "open and honest communication" between parents and teens. Participants asserted that parents should not "preach to teens," but instead, they should discuss ideas about sex and relationships openly, even share their own experiences when they were teens.

Environment

Participants also mentioned the importance of community and school context in teen sexual behavior. Several participants noted the situation in their own neighborhoods:

> [The] surroundings are a big factor . . . it all depends on where you live. . . I mean, like in our neighborhood, if you want sex, you can find it very easily. Walk down the street and knock on some girl's window. . .
>
> See, some girls don't even care [about the consequences of getting pregnant] because like, around our way, some girls like do drugs and that kind of stuff. You get her to do whatever, you give her a couple of lines or whatever . . .
>
> You gotta make it so they can't get drugs . . . drugs and alcohol.
>
> Yeah, 'cause a lot of sexual encounters they wouldn't normally have [if they were not using drugs and alcohol].

European-American males went further to say that drugs, alcohol and promiscuous behavior needed to be removed from communities, because teens often become a part of what happens in their neighborhoods.

African-American males echoed this sentiment, but referred more to activities in the home than activities in their immediate neighborhood. Specifically, black males commented on the behavior of other adult males (e.g., older brothers, uncles) that depicted sex at a young age, and sex with several women as the behavior that was appropriate and expected among black men.

Mexican-American participants said that, in their communities, adults need to acknowledge that unintended teen pregnancy happens and deal with it in more supportive and positive ways. Latino participants commented that open dialogue about sex and sexuality was particularly difficult in the Latino community. Efforts to help parents and children discuss the issues more candidly were needed.

Sexuality and Contraceptive Education

Group members also included education about sex, birth control, AIDS and other sexually transmitted diseases on their list of things teens need to have in their lives to avoid unintended pregnancy. While they acknowledged that many schools already address these topics, they indicated that teens needed "better sex education" from schools and other organizations designed to help educate children about sex and family planning. Specifically, current sexuality education should be expanded to include more information about the *consequences* of teen pregnancy, especially financial repercussions, and such education should begin as early as middle school. Expanded curriculum would also include courses about what is involved in parenting, educational and career options, and the cost of pregnancy. Those participants whose schools had already implemented such programs felt such programs were making a difference in teens' lives. Mexican-American females suggested distributing the information in different forms, such as lectures, literature, or video would be important; they also noted that some parents need to be educated about these issues, as well.

Participants further emphasized that teens learn more from actual experience, than a simple lecture on the consequences of early and unprotected sex. Mexican- and African-American females suggested babysitting or spending time with friends who have babies as ways to motivate teens to prevent pregnancy. Similarly, European-American males said teens need to know teens who are pregnant or who have been through the experience, so these peers could act as "negative" models, living examples of what teens experience when they have an early, unplanned pregnancy.

Group members also noted that teens often imitate what they see. Thus, adult role models who avoid pregnancy and are engaged in productive activities would be helpful. Teens who establish relationships with such adults then have more positive examples of life after adolescence, and may be more motivated and more apt to avoid pregnancy risk taking.

In addition to parents and other adults, it was also suggested by European-American and African-American males that teens need an older teen to talk to them and look out for them. One African-American male explained why he thought this relationship would be helpful:

> If you had nobody to look out for you it's going to be harder . . . If you have somebody that's kind of close to your age to talk to now that you're [interested in sex], that would help. Of course your mother's going to say this and that, but you know, teenagers . . . it's natural for kids to rebel against what their parents say, but one their own age or their

> cousin that's like two years older that they hang out with. . . they gonna listen to them more than they gonna listen to their parents.

Larger Society

Participants also commented society needs to supply tangible support for teens to encourage them to prevent pregnancy. Such opportunities and support encompassed many forms. For instance, teens noted they need unlimited, unrestricted access to birth control, especially condoms, with Mexican- and African-American males remarking that contraception should be free. African-American teens also commented their peers need job training, job opportunities and jobs they enjoy, as often jobs that are available to teens are mundane and have no real prospects for financial stability or professional growth. They also stressed that teens need a range of activities to positively occupy their time, such as sports leagues, choirs, and other youth organizations, as alternative forms of recreation to having sex. Mexican-American males noted the media should promote sexuality less and provide more positive messages regarding responsible sexual behavior.

Strategies to Encourage Teens to Delay First Sexual Intercourse

Because participants' discussions centered on teens' transitions to sex, and their willingness to risk pregnancy by having sex, participants were asked about ways to help teens they know delay having sex for the first time. Group members commented that helping teens avoid having sex was a unique challenge. Many participants felt that sex and sexuality was so integral a part of their every day lives (e.g., media, notions about male/female roles, relationships) that it would be difficult to influence teen sexual behavior without major changes across society as a whole. Some male participants across groups stated that there was nothing that could be done to delay teens first sex, because it is "human nature" and sex will happen "naturally." Similarly, some African-American females claimed that teens who are ready to have sex will always find time to do it, regardless of how many activities they have, or how much support or encouragement they have to avoid sex.

Participants also commented on their concern for the next cohort of adolescents coming up behind them, as these youth were starting to have sex at earlier ages than they did. Teens discussed the ages at which first sex generally took place for their peers. European-American indicated that most of their peers started having sex during high school, at about age 15 or 16, compared with African-American teens who said most of the teens they know started in middle school, at age 11 or 12. In fact, a few black male

participants disclosed that their first sexual experience was non-consensual sex, and occurred at an early age, seven or younger. Mexican-American participants said teens started having sex as early as age 12, but usually at about age 14. Participants stressed that any efforts to delay teens first sex among the next generation of teens would have to focus on the *pre-adolescent ages*, 10 to 12, or even younger.

In considering what would actually work to encourage teens to delay having sex for the first time, participants stressed many of the same strategies identified in their discussions about how to encourage teens to prevent unintended pregnancy. Strategies ranged from things teens could do themselves, to things that parents, schools and the larger society could do.

For instance, African-American participants reiterated their need for a more stable family, home, and community life. One group of African-American females had an especially fruitful discussion about this issue. They emphasized that children do what they see others around them do, and called for adults to behave more responsibly around children. They stressed that children need less exposure to sexual behavior, particularly early in their lives. African-American males volunteered that the environment in which teens are introduced to sex is a predominant factor in how early they become sexually active, noting the influence of older males and the behavior of older males on their own notions about sex, sexuality and desire for sex.

Mexican-American teens, in particular, restated the notion that children, at an early age, need to be taught the consequences of having sex, and that children's questions about sex need to be answered by adults and family members to satisfy their natural curiosity. One Mexican-American male used his own experience as an example of how reluctant adults in his community are to talk to their children about sex and how that reluctance affects children's behavior:

> Nowadays, parents are scared to talk to their kids. Like, when I was about 13, my stepmom told my dad 'you need to have a talk with him.' He came home and said 'hey, I want to talk to you and your brother.' We already knew what he was going to talk about. My brother said, 'I already know,' and he goes, 'Where did you hear it from?' 'My friends.' 'Okay.' Meanwhile he didn't want to talk about it. If the parents don't want to talk to their kids about it, the kids are going to learn it somewhere else. Their friends tell them it's alright because they want to do it, too. A whole bunch of horny teenagers, they ain't going to say "no it's wrong." And the parents don't want to say nothing; they're scared. And the school don't want to do nothing because they think it's the parents' responsibility, because that's what the church says.

Mexican-American teens further commented that the context of sex within a special relationship has been lost. They suggested that parents and other adults should emphasize to children that "sex is a special experience," noting that the traditional progression of courtship, to marriage and then to sex, is disappearing from society.

Practically all participants mentioned that society, especially the media, should portray sex in a less desirable light, and less often, to alleviate some of the pressure on teens to have sex.

> I think maybe the media has to change in some respects. You wouldn't maybe see it every single day in every magazine you open.

Participants in all twelve groups suggested that teens need activities to keep them busy and give them something to do other than have sex; European-American males specifically mentioned giving teens jobs.

> You keep his mind occupied on things that people do as people, not as, like boy and girl—as people.

White females commented on the importance of self-confidence and self-esteem for helping teens they know to delay having sex, as often teens they know give in to subtle peer pressure, to have sex, or look to sex to make up for a lack of positive and supportive relationships from adults in their lives.

European-American participants also cautioned that imposing age limits, such as those for drinking and buying tobacco products, and using "scare tactics" would be *counterproductive* to delaying teens first sex.

Participants across all groups recommended parents and other adults in children's lives need to instill moral and religious values early in childhood and they stressed that teens need positive role models.

While some teens attempted to identify strategies to help teens delay first sex, others took issue with what they understood as the logic behind encouraging teens to delay first sex. A few African-American females expressed that they did not think the age when a person had first sex was important, but rather whether or not the person felt ready to have sex, and ready for the responsibility of child that could result from unprotected sex.

Females' Opinions About Welfare Reform

Participants were asked to comment on two public policies—welfare reform and child support enforcement—under consideration as strategies to reduce unintended pregnancy. Because of time constraints, females were asked to comment on welfare reform and males were asked to comment on child support enforcement.

Across all female groups, participants said they did not believe that changing welfare, either by making it harder for teens to get welfare, limiting how long a person can get welfare, or limiting the number of additional children a person can have while on welfare, would influence teenage pregnancy. African-American females appeared to be most familiar with current welfare policies and most outspoken about the proposed reforms.[7] They contended that teens they know do not get pregnant so they can receive support from the government. Moreover, they said the reforms seemed to assume that teens have adults in their lives who either would or could take care of them and their children, an assumption an African-American participant asserted was incorrect:

> They said they were going to make it harder for teenagers to get welfare. That is because Clinton thinks that mommy is going to take care of your baby. That is *your* baby. You know, just because you live in mommy's house don't mean nothing. You have to raise that child. I love my grandmother, and she let me stay with her . . .but that is my son. You know, I have to take care of him. Me and his father have to take care of him. . . Parents don't always help them [teens] take care of their babies.

Mexican-American teens seemed less familiar with current welfare policy, but they explained that among their peers, needing "welfare is shameful," so no one would get pregnant just to receive it. European-American females said they did not know enough about current welfare regulations to genuinely assess the reforms, and did not believe many of their peers would know enough to consider welfare a reason to get pregnant. Despite their doubt that the overall reform package would affect teen behavior, females across all groups thought limiting the number of additional children a teen could have while on

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[7] While the apparent level of familiarity with welfare is discussed referencing racial/ethnic groups, this is not to imply that race and ethnicity determine one's experience with welfare. As is noted in the introduction, there were more African-American participants than European-American or Mexican-American participants from very low income areas. This difference in poverty status probably best explains participants differing degrees of familiarity with current welfare policies.

welfare might discourage teens from having more than one unplanned child, as teens would not want to risk losing their financial support if indeed they were dependent upon that support.

Males' Opinions About Child Support Enforcement Plan

Male participants were asked to comment on increased enforcement of child support payments as a means for reducing teen pregnancy. Although male teens across various race/ethnicity and income groups had distinctly different reasons for rejecting the child support enforcement plan as a viable pregnancy prevention strategy, ultimately, none of the groups of males believed such a strategy would have an impact on teen sexual behavior. European-American males pointed out that increasing efforts to make fathers pay is not feasible; they said their male peers will find ways around the law or their parents will end up paying the support. African-American males said they did not think stricter child support laws will make their peers think about preventing pregnancy. They were skeptical that requiring younger men to pay and strictly enforcing that requirement would have any effect on the teens they know. This African-American male gave a typical assessment of the situation:

> See, the thing of it is . . . it's strict laws, it's strict laws about selling drugs. You don't stop people from selling drugs. Some know a lot about child support which the law can't enforce but so much, because I know with my situation . . . I ain't got no job. . . You know, they trying to tell me I gotta pay child support. What they gonna do? Make me get money out of the sky to pay child support, you know? They can't . . .if you ain't got it, you ain't got it.

Mexican-American teens said male teens who get females pregnant should support their children. They discussed that their attitude reflected the values of Hispanic culture which values family. Still, they echoed other male participants' sentiments that such a law is not fully enforceable.

Summary of Key Findings

Findings from focus group discussions indicate five key points that are particularly relevant for future research and programs in the area of pregnancy prevention. The first key issue is that sex, according to youth participants, is viewed as generally normative among their contemporary peers. Furthermore, teens see sex and sexuality as an integral part of teens' daily lives, as sex and the notion of sex is reported by teens to be just about everywhere and part of nearly everything that involves teen life.

In addition, participants acknowledged that teens generally make a conscious decision to have sex. That is, they make a decision (explicit or otherwise) that they are ready or interested in having sex. However, the specific sexual encounter itself is typically unplanned. The exceptions generally include females who decide to lose their virginity and who consciously decide when they are going to have sex, or teens in a steady relationship who jointly decide to have sex and when that encounter will occur.

The second key point from focus group discussions is that peer pressure and the nature of interpersonal relationships, both with adults and with peers (and sexual partners), appear to have a strong influence on whether or not teens engage in sex and when sex occurs, whether they use contraception, or discuss the risks of having unprotected sex. For instance, female participants, particularly Mexican- and African-American females, said that their peers often experienced subtle pressure from male partners to have sex. In contrast, male participants noted that it was common to experience peer pressure from other males to have sex. Furthermore, teens also agreed that peer pressure, particularly between males, was difficult to withstand because of the importance of gaining and maintaining status and respect among their male peers.

Youth participants also felt that many teens lack consistent and positive interaction with adults, including their parents. Thus, some teens, particularly female adolescents, use sexual relationships as a way to have an emotional bond or to get affection. Other teens seek sexual relationships as a means to gain or maintain control in a relationship.

The kind of relationships described by teens ranged from the more traditional (steady), monogamous relationship, to fairly casual relationships with multiple sexual partners, each having a unique influence on the transition to sex and the likelihood of unprotected sex. All groups acknowledged that traditional romantic relationships occur among their respective peer groups. However, traditional

relationships were reported as more commonplace among White teens and reported less common among African-Americans. Mexican-American teens perceived relationships among their peers to be in transition, moving from the more traditional to more casual unions.

Among steady relationships described by white participants, sex generally occurs after the relationship is well established, and the transition to first sex is often seen as important, anticipated "next step" in such friendships. In contrast, African-American participants discussed three types of sexual relationships: a) the steady relationship where monogamy is *not* presumed; b) casual sex between individuals who know one another, but who have no desire for a steady union, and; c) casual sex between individuals who barely know one another. African-American teens believed the main reason why monogamous unions tend to be less common is because of a lack of trust between males and females due to negative past interpersonal experiences and the experiences of their friends and family members. However, black teens agree that monogamous relationships are "as it should it", but that in contemporary times it is difficult to establish such relationships.

Group participants also reported that teens in steady, monogamous relationships tend to discuss whether or not they plan to have sex, prior to having intercourse, as well as the risks of unprotected sex and the use of contraception. Participants report that teens in more casual unions tend not to talk about these issues until after intercourse has occurred, or until after the female believes she my be pregnant. Among casual unions, discussions about contraception tend to center around whether either one or the other partner is using some type of birth control.

Third, despite understanding the consequences of sexual activity, and having a strong desire to avoid pregnancy, participants believe that teens tend not to think about such risks when they engage in sex, believing themselves to be invulnerable to pregnancy and STDs. White teens perceived themselves more susceptible to pregnancy than STDs/HIV than non-white teens. In contrast, African- and Mexican-Americans reported more concern about STDs, particularly HIV, than pregnancy. In addition, black females perceived that some of their peers tend to doubt their ability to become pregnant, as some have tried to become pregnant unsuccessfully, or have had unprotected sex and avoided pregnancy. Black females also commented that their male sexual partners have told them they were sterile and could not get them pregnant, or that a health care provider indicated they were not able to get pregnant.

The fourth point has to do with the lack of consistent contraceptive use among teens. Specifically, teens generally believe contraception is effective against pregnancy and STDs, and that teens generally

know where to get contraception and have relatively little difficulty obtaining a method. However, despite believing in the efficacy of birth control and having relatively easy access to methods, participants noted few teens will turn down an opportunity to have sex simply because someone is unprotected. Furthermore, participants noted that teens often *assume* contraception will be used or is being used by their partner, eliminating the likelihood of discussions about contraception. Such assumptions are less common among teens in steady relationships, as partners not only discuss issues of contraception but tend to be more certain about whether their partner is protected (using the pill) or more willing to use a condom.

Furthermore, if contraception is discussed, teens noted that females tend to initiate the conversation, although some teens (Mexican American females) noted that their peers are often too shy to ask their male partner to wear a condom fearing this may suggest a lack of trust in the partner or an admission of promiscuous behavior.

The final key point is that teens provided several suggestions about how to help motivate teens to prevent pregnancy. The list of suggestions included the need for teens to focus on individual responsibility, the need for family support, stronger and more positive neighborhoods/community environments, broader contraceptive and sexuality education, and involvement of society at large, including the media.

Participants acknowledged that much of the risk of pregnancy was due to the fact that teens have sex without contraception, and are willing to take the risk of an unplanned pregnancy in order to simply have sex. Teens focused on the need for self-respect and self-discipline in order to make tough decisions and follow through with them in the face of peer pressure and other emotional and interpersonal challenges.

Group discussions also illustrated teens' desire for strong relationships with parents and a sense of family support. In particular, participants expressed the need for parents and other adults to fill a variety of different roles, from providing values and morals, to being positive role models and to helping them set future goals.

Teens also saw the community and school context as having an important role in teens' sexual behavior, suggesting that teen sex and pregnancy tend to be initiated and reinforced by activities occurring in the teenagers' local community.

Group members also listed a variety of issues related to sexuality education as things teenagers would need in their lives to prevent pregnancy, specifically, better sex education emphasizing the consequences of teen sex and pregnancy, what is involved in parenting as well as the financial and emotional cost of pregnancy, and exposure to educational and career options. Such information should be provided early, even at or before middle school.

Finally, teens felt society could do more to encourage teens to delay sex and prevent pregnancy. In particular, group participants felt teens need unrestricted access to birth control, especially condoms. Teens also commented their peers need job training and opportunities as well as a range of activities to positively occupy their time. To delay sexual intercourse, teens felt that society and the media should not portray sex in unrealistic and glamorous ways that often pressure or lure teens into have sex.

Implications for Future Research and Programs

Key findings from discussions with youth have several important implications for future research and pregnancy prevention programs. In particular, these data underscore the need for a better understanding of how interpersonal relationships and what aspects of those relationships influence teens' propensity to engage or to avoid in sex and unprotected sex. Specifically, group discussions indicate that teens perceive there is a lack of positive involvement and connections with adults, particularly parents, and that many teens use sex and sexual relationships as a substitute for the emotional attachments with adults. Many existing studies confirm that positive involvement and strong family ties do indeed work to delay the onset of sex and the use of contraception if a teen decides to have sex[8]. However, future studies may need to examine what it is about those relationships that are most critical (e.g., improving self-esteem or self-worth, establishing values and morals) for diminishing early and unprotected sex during adolescence. Thus, expanding research on family strengths, family processes, and how interpersonal relationships change during the course of child and adolescent development will be critical.

Furthermore, these findings speak to the need for prevention efforts to expand their focus on parents and adults and to develop strategies that support families and strengthen positive adult-teen relationships. Thus, community-based programs or programs that seek to improve teens' relationships with caring adults (e.g., mentoring programs) may consider expanding their focus to working with adults and parents to help them understand the role of key adults in teens' lives, and to develop strategies that will improve how adults interact with adolescents on a daily basis.

Also relevant for research and programs are the race/ethnicity and possibly class differences that emerged from group discussions. Issues of interpersonal relationships, particularly monogamy and trust, were viewed differently by white teens compared with African-American and Mexican-American teens. As mentioned earlier, we acknowledge that recruitment methods for teen discussions failed to yield an equal representation of youth across social class for each of the three race/ethnic subgroups recruited. Thus, what appears to be strong race/ethnicity differences in the type of sexual relationships that occur and how they influence sexual behavior, may indeed reflect differences in social class. However, we suspect that class differences, if they do exist, may be more likely when comparing group discussions of white teens relative to non-whites, and less likely when comparing findings from African-Americans and Mexican-Americans, as teens from the latter two groups were primarily low-income.

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[8]Moore, K.A., Miller, B.C., Glei, D. and Morrison, D.R. (1995). *"Adolescent Sex, Contraception, and Childbearing: A Review of Recent Research.* Washington, DC: Child Trends, Inc.

Nonetheless, whether such differences are a result of culture or social class status, group discussions point to the need to expand our understanding of how the nature of interpersonal relationships (particularly, male-female relations), and notions of sexuality and sex roles are influenced by the context of culture and socio-economics. Again, whether due to class or cultural differences, African-American and Mexican-American teens painted a strikingly different picture of the context of sexual relationships and risk-taking behavior from white teens. Specifically, white teens reported more steady, monogamous relationships with sex generally occurring after the relationship was established. In contrast, African-American teens reported steady relationships, but without monogamy, and other more casual sexual relations as well. In each type of relationship, there was less of an emphasis on sex after such relationships were established. Rather, many, particularly casual relationships, were formed often because there was an interest in having sex. These types of relationships appeared to form because previous negative emotional experiences made it difficult for black teens to trust their sexual partners. Furthermore, black teens acknowledged that monogamy was most desirable, but difficult to achieve in contemporary times.

Mexican-American teens, on the other hand, reported that the nature of relationships among their peers seemed to be in transition, moving from more steady, monogamous relations to more casual relations. Latino teens also commented on the issue of trust, albeit to a lesser extent than black teens, particularly in the context of discussing the risks of having sex and whether or not one's partner was using contraception, particularly condoms. Mexican-American youth noted that such discussions could appear to cast aspersions about the promiscuity of their partner, and thus many Latino youth, particularly females, were reluctant to bring up such topics with their partners.

Race/ethnicity and/or class differences in our study suggest that future research must begin to tease apart the influence of class and culture on teen sexual behavior, and understand better the differences in values and mores about sex, sexuality and interpersonal relationships across culture and social class. Of particular importance would be when and how notions about sexuality are established within various class and cultural subgroups; by whom and for whom are they established?; what are the key notions about sex, sexuality and sex roles, and in what way are these notions different for males versus females across racial/ethnic and social class subgroups?

Programs must address the need for a dialogue with low-income communities and communities of color to explore openly what their values and mores are about sex, what their hopes and aspirations are for their children and whether these two values are in conflict with one another. In addition, communities must begin to address whether such messages about sexuality and aspirations are consistently presented to

young people in their community and in what way can the content and the strategy for presenting and reinforcing those messages be improved?

Finally, focus group findings also indicate the need for exploring whether sexual and contraceptive behavior among teens is rational or irrational. Specifically, teen participants reported that their peers are well aware of the risks of unprotected sex and believe in the efficacy of contraception. However, they generally do not perceive themselves to be vulnerable to pregnancy or STDs, even if they are having unprotected sex. It will be critical for future studies to examine whether this kind of sexual risk-taking is simply a feature of adolescence, where there is an overwhelming sense that "nothing bad can happen", or whether teens simply have an inaccurate sense of their risk of pregnancy and STDs or both. The challenge for programs will be how to get teens to understand not only the consequences of their actions, but that such consequences could indeed happen to them. This has been the challenge of many community interventions targeting other high risk behavior among youth, such as smoking and using drugs. Perhaps future empirical work can begin to shed light on this notion of vulnerability among adolescence and adults and offer insights to practitioners seeking to develop community-based interventions with youth.

Focus group discussions indicate that the factors influencing teen sexual behavior are indeed complex, and that teens are well aware of this complexity. Furthermore, teens offer a range of suggestions that address the need for change at many levels including the individual, family/school/community, and larger society. The challenge that lies ahead for researchers, providers and policy makers, is understanding whether and how comprehensive initiatives make a difference in the sexual and fertility behavior of teens, and how best to implement and evaluate those programs. The next generation of research and teen pregnancy prevention programs must be willing to go beneath the surface to understand the underlying factors and motives of teen behavior, and be willing to ask the difficult questions about race/ethnicity and social class, about the nature of adult values and sexual mores, how such values are passed on to our children, and what impact those mores may have on the sexual health and well-being of adolescents.

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